

Calendar Year 2023 (CY23) Medicare Part C Improper Payment Measure (Part C IPM) Medicare Advantage (MA) Organization Frequently Asked Questions (FAQs)



Published January 2, 2025

Introduction

The *Calendar Year 2023 (CY23) Medicare Part C Improper Payment Measure (Part C IPM) Medicare Advantage (MA) Organization Frequently Asked Questions (FAQs)* provide answers to questions the Centers for Medicare & Medicaid Services (CMS) commonly receives from MA Organizations. Use the “Quick Links to Questions” or click Ctrl + F to perform a search within the document to find the answer to your question. If you’re unable to find the answer to your question or would like additional information, please email the Part C IPM resource mailbox at PartC_IPM@cms.hhs.gov. **Note:** Please do not include Protected Health Information (PHI) or Personally Identifiable Information (PII) in your email to CMS.

Quick Links to Questions

1. CY23 Part C IPM Sample Background	5
Q 1.1 — What is the purpose of the CY23 Part C IPM?	5
Q 1.2 — What is required of MA Organizations selected to participate in the Part C IPM activity?	5
Q 1.3 — Why is it important for MA Organizations to participate in the Part C IPM activity?	5
Q 1.4 — When should MA contracts expect to see compiled results for this audit?	6
Q 1.5 — Should the “Sample Year” be 2022 instead of 2023?	6
Q 1.6 — What are the models associated with the CY23 Part C IPM sample, and will payments be blended?	6
Q 1.7 — How is the improper payment estimate calculation conducted?	6
Q 1.8 — CY23 Part C IPM is used to calculate the Part C Payment Error Rate for CY23. How and when is this payment error rate extrapolation used/applied to MA Organizations?	6
Q 1.9 — Does CMS plan to recover overpayments from CY23 Part C IPM payment error findings?	7
Q 1.10 — May MA Organizations challenge payment error findings by CMS?	7
Q 1.11 — Does Part C IPM have a public-facing website?	7
Q 1.12 — How can MA Organizations contact CMS with Part C IPM questions or feedback?	7
Q 1.13 — Will hardship exception requests be considered for the CY23 Part C IPM?	8
2. Sampling	8
Q 2.1 — Which MA Organizations are required to participate in the CY23 Part C IPM?	8

Q 2.2 — Is the CY23 Part C IPM sample size uniform among each MA Organization?	8
Q 2.3 — How do MA Organizations know which enrollee CMS-HCCs are sampled?	8
Q 2.4 — Will the latest CMS-HCC for a given enrollee reflect all Encounter Data Processing System (EDPS) submissions for 2022 Dates of Service as of today? If not, how will those submissions, which can include deletes, be reflected in IPM analysis?	8
3. HPMS Access and Points of Contact	9
Q 3.1 — What type of access do MA Organizations have in the HPMS CY23 Part C IPM module?	9
Q 3.2 — What is the maximum number of HPMS users allowed for each MA Organization?	9
Q 3.3 — How do MA Organization POCs obtain access to the HPMS Part C IPM module?	9
Q 3.4 — Do MA Organizations need to share a list of HPMS POCs with the CMS Part C IPM Team?	9
Q 3.5 — How do MA Organizations update the list of recipients for Part C IPM email notifications?	9
4. HPMS Part C IPM Module Navigation	10
Q 4.1 — How do MA Organizations access the Part C IPM module in HPMS?	10
Q 4.2 — Where can MA Organizations find the HPMS Part C IPM Module User Guide?	10
Q 4.3 — How do MA Organizations access the Document Library?	10
Q 4.4 — Where can MA Organizations access the enrollee list?	10
Q 4.5 — How do MA Organizations access the Interim Findings Report?	11
Q 4.6 — How do MA Organizations access the Final Findings Report?	11
Q 4.7 — How can MA Organizations access submission-related reports?	11
Q 4.8 — How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?	12
Q 4.9 — How can MA Organizations access training documents and findings reports from previous Part C IPM samples?	12
5. Medical Record Request	12
Q 5.1 — Are there materials available to assist MA Organizations with requesting medical records from providers?	12
Q 5.2 — Can providers send medical records directly to CMS?	12
6. Medical Record Selection and Submission	13
Q 6.1 — What are key considerations for selecting a medical record?	13

Q 6.2 — Does CMS have examples of valid or invalid medical records?	13
Q 6.3 — Where can MA Organizations find a list of acceptable physician specialty types?	13
Q 6.4 — Can CMS provide guidance on whether a medical record is acceptable prior to submission?	13
Q 6.5 — What is the submission window for the CY23 Part C IPM activity?	13
Q 6.6 — What is the accepted date of service range for inpatient medical record submissions?	14
Q 6.7 — Is the admission date field for hospital inpatient records limited to a certain timeframe?	14
Q 6.8 — Is there a limit to the number of medical records that can be submitted for each CMS-HCC?	14
Q 6.9 — How can MA Organizations rank medical records submitted for each CMS sampled CMS-HCC? Will CMS be reviewing all medical records submitted?	14
Q 6.10 — Are telehealth visits considered valid for the CY23 Part C IPM?	14
Q 6.11 — What should MA Organizations do if the medical record does not contain the signature/credentials of the provider who performed the visit?	15
Q 6.12 — Where can MA Organizations find the CMS-Generated Attestation?	15
Q 6.13 — Are plan-generated attestations acceptable?	15
Q 6.14 — Will electronic signatures be accepted for CMS-Generated Attestations?	15
Q 6.15 — What should an MA Organization do if it cannot obtain a signed CMS-Generated Attestation after appropriate due diligence?	15
Q 6.16 — Does CMS consider a CMS-HCC to be validated if the CMS-HCC was not listed on the coversheet but was found on the submitted medical record during MRR?	15
Q 6.17 — How are slight variations in enrollee names handled, such as the use of a middle initial or changes in last name due to divorce and/or marriage?	16
Q 6.18 — Where is the Medical Record Coversheet located?	16
Q 6.19 — How do MA Organizations begin a submission in HPMS?	16
Q 6.20 — What is the naming convention for the medical record .pdf files?	16
Q 6.21 — What is the maximum file size for a .pdf medical record submitted to HPMS?	16
Q 6.22 — Can MA Organizations delete previously submitted medical records?	17
Q 6.23 — Can MA Organizations edit a medical record and/or coversheet after it has been submitted?	17
Q 6.24 — Can MA Organizations download a copy of a submitted medical record from HPMS?	17

Q 6.25 — What should an MA Organization do if it does not have a medical record to support a CMS-HCC?	17
7. Medical Record Review	17
Q 7.1 — What is the average turn-around time from submission to validation?	17
Q 7.2 — What coding guidelines do CMS' medical record reviewers use?	17
Q 7.3 — How many levels of coding review do Part C IPM medical records go through?	18
8. Medical Record Submission Feedback During the Sample	18
Q 8.1 — How can MA Organizations obtain preliminary results during the submission window?	18
Q 8.2 — What is the cutoff date for medical record submissions to be included in the IFR?	18
9. Final Payment Error Findings	18
Q 9.1 — How can MA Organizations obtain the final results of CY23 Part C IPM?	18
Q 9.2 — How are payment error findings calculated for CY23 Part C IPM?	19
Q 9.3 — How are CY23 Part C IPM payment error findings applied?	19
Q 9.4 — Does Office of Financial Management (OFM) share results with Center for Program Integrity (CPI)?	19
Q 9.5 — Where can MA Organizations find the most recent Part C payment error estimates?	19
Glossary	20

1. CY23 Part C IPM Sample Background

Q 1.1 — What is the purpose of the CY23 Part C IPM?

The Centers for Medicare & Medicaid Services (CMS) is conducting the CY23 Part C IPM to address the requirements in the Payment Integrity Information Act of 2019 (PIIA). Under the PIIA, CMS must report a payment error estimate for Medicare Part C on an annual basis.

The medical record request for the CY23 Part C IPM will be used to determine a payment error estimate for the 2023 payment year, using diagnostic data for 2022. At the end of fiscal year (FY) 2025, CMS will report the Medicare Part C improper payment estimate for CY23 using the results from the CY23 Part C IPM medical record review (MRR) process. The payment error estimate will be reported publicly in the Department of Health and Human Services' [Agency Financial Report \(AFR\)](#).

Q 1.2 — What is required of MA Organizations selected to participate in the Part C IPM activity?

MA Organizations are required to submit medical records for each selected enrollee to validate the sampled Centers for Medicare & Medicaid Services-Hierarchical Condition Categories (CMS-HCCs) (42 C.F.R. § 422.310(e)). MA Organizations with beneficiaries selected for the CY23 Part C IPM have until **11:59 p.m. PT on Thursday, May 8, 2025** to complete submissions to CMS using the Health Plan Management System (HPMS) Part C IPM module. No submissions will be accepted outside HPMS, and no submissions will be accepted after the submission deadline. For additional information on medical record selection and submission requirements, refer to the *CY23 Part C IPM Medical Record Submission Instructions*, which are available for download from the HPMS Part C IPM module Document Library and [CMS.gov Part C IPM website](#). For more information on accessing the instructions from the Part C IPM module Document Library, refer to [Q 4.8 “How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?”](#)

Q 1.3 — Why is it important for MA Organizations to participate in the Part C IPM activity?

MA Organizations' participation in the Part C IPM activity is critical to CMS reporting an accurate Part C payment error rate, as required by the PIIA. As an example, if participating organizations do not provide the medical record documentation CMS requests, the payment error rate may be inaccurate. CMS also uses the results of the Part C IPM to inform policy, so MA Organizations' participation is vital to influencing health care policy in our country, in addition to being a contractual obligation.

Q 1.4 — When should MA contracts expect to see compiled results for this audit?

The estimated improper payment rate for the Part C program is reported every year in the Department of Health and Human Services' AFR, which is released annually on or around November 15th. In approximately December 2025, CMS will publish Final Findings Reports (FFRs) for each MA Organization contract with one or more enrollees selected for the Part C IPM. The reports show the final disposition of each audited CMS-HCC. MA Organizations will be notified via email when the reports are available for download from the HPMS Part C IPM module.

Q 1.5 — Should the “Sample Year” be 2022 instead of 2023?

The “Sample Year” for Part C IPM activities is equivalent to the Payment Year. The HPMS and Part C IPM communications and materials correctly reflect the year 2023 for this activity. The CMS-HCC risk adjustment model is prospective: it uses health status in a base year to predict costs in the following year. The dates of service under review are the 2022 dates of service for the sample year and payment year 2023.

Q 1.6 — What are the models associated with the CY23 Part C IPM sample, and will payments be blended?

The CY23 Part C IPM sample includes both non-End Stage Renal Disease (ESRD) and ESRD beneficiaries, and, therefore, has two model versions. Risk scores are not blended. The two model versions that are leveraged are the Version 24 (V24) CMS-HCC Risk Adjustment Model and the Version 24 ESRD Model (E24). The non-ESRD beneficiary risk payments are based on risk scores from the V24 CMS-HCC model while risk payments for the ESRD beneficiaries are based on the V24 ESRD (E24) CMS-HCC dialysis & functioning graft models. Diagnoses from Encounter Data Systems (EDS) are the input source for both the V24 and E24 model versions.

Diagnoses used for CY23 payments are based on 2022 dates of service (service provided from 1/1/2022 to 12/31/2022). See CMS 2023 [Announcements and Documents](#) for more information.

Q 1.7 — How is the improper payment estimate calculation conducted?

The CY23 Part C IPM sample is used for annual payment error estimation and reporting purposes under the PIIA of 2019. To conduct the improper payment estimate calculation, CMS calculates a corrected risk score for each sampled enrollee based on the MRR results, computes payment error amounts for each sampled enrollee, and then extrapolates those payment errors to the Part C population.

Q 1.8 — CY23 Part C IPM is used to calculate the Part C Payment Error Rate for CY23. How and when is this payment error rate extrapolation used/applied to MA Organizations?

CY23 Part C IPM sample enrollee-level payment errors are extrapolated to calculate a Part C Payment Error Rate. CMS does not report MA Organization-level extrapolated payment errors based on the IPM sample results. MA Organizations can review MA Organization contract-specific CY23 Part C IPM error statistics on the FFR.

Q 1.9 — Does CMS plan to recover overpayments from CY23 Part C IPM payment error findings?

CMS does not directly recover overpayments identified through Part C IPM. At the conclusion of each review cycle, CMS provides final disposition information on sampled beneficiary CMS-HCCs to participating MA Organizations through a Final Findings Report (FFR). MA Organizations are reminded of the existing obligation to submit accurate risk adjustment data as stated in the April 15, 2022 HPMS memo, “Reminder of Existing Obligation to Submit Accurate Risk Adjustment Data,” which, in part, addressed CMS’s plans to schedule reruns and adjust payments based on closed-period deletes and auditable estimates, as appropriate. CMS will provide advance notice to the MA Organizations regarding the scheduling of these reruns and payment adjustments. Accordingly, MA Organizations should continue to make closed-period deletes and auditable estimates, as appropriate, for prior payment years in accordance with their obligations. Corrections to risk adjustment data due to discrepancies identified through the Part C IPM will resolve related overpayments upon rerun.

Q 1.10 — May MA Organizations challenge payment error findings by CMS?

No. During the submission window, MA Organizations should review the Interim Findings Report (IFR) and HCC Outcomes Detail Report and submit additional documentation, as applicable. CMS will not accept additional documentation after the submission window closes. However, for CY23, MA Organizations will have the ability to indicate concurrence or non-concurrence with final discrepancies identified through Part C IPM. MA Organizations will have access to a new Concur/Non-Concur tab in the Part C IPM module after the FFR is issued in approximately December 2025. MA Organizations will have 60 days to respond with their disposition on each discrepancy. Please refer to the Session 3 and Session 4 training modules in the HPMS Part C IPM module Document Library for more information. For instructions on accessing the training modules, refer to [Q 4.8 “How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?”](#)

Q 1.11 — Does Part C IPM have a public-facing website?

Yes, Part C IPM background information, error rate findings and results, and links to MA Organization resources are publicly available on CMS.gov at the following address: <https://www.cms.gov/data-research/monitoring-programs/improper-payment-measurement-programs/medicare-part-c-ipm>.

Q 1.12 — How can MA Organizations contact CMS with Part C IPM questions or feedback?

MA Organizations may submit questions and feedback to the CMS Part C IPM Team by emailing the Part C IPM resource mailbox at PartC_IPM@cms.hhs.gov.

Q 1.13 — Will hardship exception requests be considered for the CY23 Part C IPM?

Only in limited circumstances. In order to request a hardship exception, your MA contract must use the request form contained in the HPMS Part C IPM module Document Library. As stated on the form, CMS will only consider a hardship exception request due to a natural disaster. All hardship exception requests must be submitted to CMS no later than 11:59 p.m. PT on Thursday, April 24, 2025.

2. Sampling

Q 2.1 — Which MA Organizations are required to participate in the CY23 Part C IPM?

CY23 Part C IPM is an annual sample of eligible MA enrollees from all MA Organizations that received risk adjustment payments in CY23. For CY23 Part C IPM, 990 enrollees (both non-End Stage Renal Disease [ESRD] enrollees and ESRD enrollees) were randomly sampled across all eligible MA Organizations. They were members of 219 unique MA contracts which were active, non-Cost contracts (1876 or 1833) and non-PACE (National Program of All-Inclusive Care for the Elderly) organizations. Only MA contracts with enrollees selected for the CY23 Part C IPM are required to participate for a given reporting year.

Q 2.2 — Is the CY23 Part C IPM sample size uniform among each MA Organization?

No. Sample size varies from MA Organization to MA Organization because CMS samples beneficiaries randomly across all eligible MA Organizations in Part C IPM. There is no set number of enrollees sampled from each MA Organization.

Q 2.3 — How do MA Organizations know which enrollee CMS-HCCs are sampled?

The sampled enrollee CMS-HCCs are available in the Enrollee List. The Enrollee List is included in the Enrollee Data Package available for download from the HPMS Part C IPM module Document Library. It is a Microsoft Excel file containing the beneficiaries sampled for the CY23 Part C IPM and their CMS-HCCs to be validated with supporting medical record documentation. It also contains contract name, number, information, and associated diagnoses. The Medicare Beneficiary Identifier (MBI) is provided as an enrollee identifier. This allows cross-referencing against the CMS Master Enrollment Databases (if needed).

Q 2.4 — Will the latest CMS-HCC for a given enrollee reflect all Encounter Data Processing System (EDPS) submissions for 2022 Dates of Service as of today? If not, how will those submissions, which can include deletes, be reflected in IPM analysis?

The Part C IPM is based on the final reconciliation run of the data that the MA contracts submitted by the established deadline for the payment year. CMS recognizes that the CY23 Part C IPM sample may include CMS-HCCs that have been subsequently deleted after the risk adjustment data submission deadline.

3. HPMS Access and Points of Contact

Q 3.1 — What type of access do MA Organizations have in the HPMS CY23 Part C IPM module?

MA Organization users can submit data, view reports, and download materials available from the HPMS Document Library. Please note that reference and training documentation is also publicly available on the [CMS.gov Part C IPM website](#).

Q 3.2 — What is the maximum number of HPMS users allowed for each MA Organization?

An MA Organization is allowed five (5) points of contact (POCs) per contract in HPMS. If the five POCs limit will cause burden for your organization, please send an email to PartC_IPM@cms.hhs.gov and include justification for registering additional POCs in HPMS.

Q 3.3 — How do MA Organization POCs obtain access to the HPMS Part C IPM module?

MA Organization POCs must follow the instructions detailed in the *Instructions for Requesting Access to the Health Plan Management System Part C IPM Module*. These instructions were attached to the “Notification of Calendar Year 2023 Medicare Part C Improper Payment Measure (Part C IPM) Contract Selection and Point of Contact Request” email sent to MA Organization Chief Executive Officers and Medicare Compliance Officers on Friday, December 13, 2024. The instructions are also available for download from the HPMS Part C IPM module Document Library for MA Organization users that currently have access to the Part C IPM module. **Note:** Please direct all access requests to the HPMS Access Team at hpms_access@cms.hhs.gov.

Q 3.4 — Do MA Organizations need to share a list of HPMS POCs with the CMS Part C IPM Team?

No, MA Organizations do not need to share the list of chosen HPMS POCs with the CMS Part C IPM Team. **Note:** MA Organization users that already have access to the HPMS Part C IPM module may download the *Part C IPM Contract Submitter Summary Report* from the Reports tab to view a list of users who have submission access, and to determine if user access changes need to be made.

Q 3.5 — How do MA Organizations update the list of recipients for Part C IPM email notifications?

Part C IPM email notifications are automatically sent to the users registered in HPMS for each MA contract. If an MA Organization would like an individual to be added or removed from the Part C IPM distribution list, it must submit an HPMS Part C IPM module access request change to the HPMS Access Team (hpms_access@cms.hhs.gov).

4. HPMS Part C IPM Module Navigation

Q 4.1 — How do MA Organizations access the Part C IPM module in HPMS?

Log in to [HPMS](#). From the HPMS home page, click on the **Monitoring** tab in the HPMS top navigation bar. Select the **Part C IPM** menu item to be taken to the Part C IPM Dashboard.

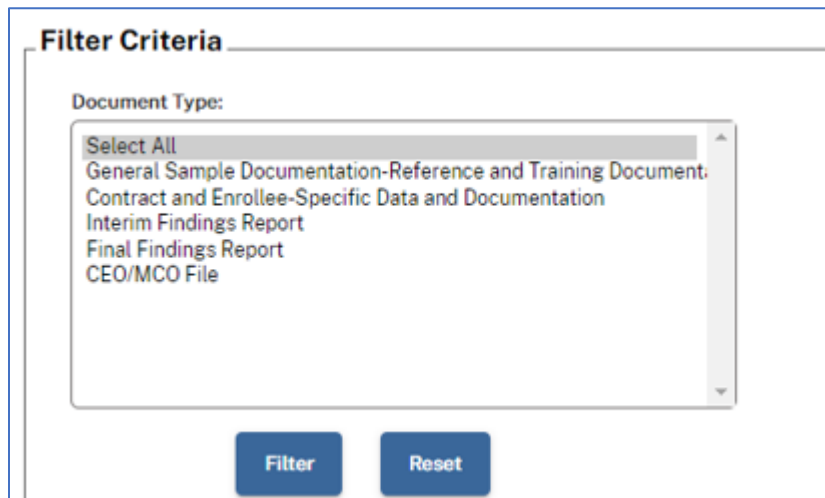
Q 4.2 — Where can MA Organizations find the *HPMS Part C IPM Module User Guide*?

Log in to [HPMS](#). From the HPMS home page, click on the **Monitoring** tab in the HPMS top navigation bar. Select the **Part C IPM** menu item to be taken to the Part C IPM Dashboard. Select the **Documentation** menu item in the left navigation bar to download the user guide.

Q 4.3 — How do MA Organizations access the Document Library?

Log in to [HPMS](#). From the HPMS home page, click on the **Monitoring** tab in the HPMS top navigation bar. Select the **Part C IPM** menu item to be taken to the Part C IPM Dashboard. Select the **Sample** menu item in the left navigation bar, and then click **Select Sample**. Click the link for the sample on the Select Sample page to be taken to the Sample Overview page. From the Sample Overview page, click the **Document Library** tab. Users can then filter the materials within the Document Library. To filter materials, select an option in the Document Type selection box in the Filter Criteria section and click the **Filter** button.

Figure 1: Filter Criteria Section of Document Library



The screenshot displays the 'Filter Criteria' section of the Document Library. It features a 'Document Type' dropdown menu with the following options: 'Select All', 'General Sample Documentation-Reference and Training Document', 'Contract and Enrollee-Specific Data and Documentation', 'Interim Findings Report', 'Final Findings Report', and 'CEO/MCO File'. Below the dropdown menu are two buttons: 'Filter' and 'Reset'.

Q 4.4 — Where can MA Organizations access the enrollee list?

The enrollee list is available in the HPMS Part C IPM module Document Library. From the Document Library, select “Contract and Enrollee-Specific Data and Documentation” from the Document Type selection box in the Filter Criteria section and click the **Filter** button.

Q 4.5 — How do MA Organizations access the Interim Findings Report?

CMS will send MA Organizations an email notification when the Interim Findings Report is available for download from the HPMS Part C IPM module Document Library. When MA Organizations are notified that the Interim Findings Report is available, users can log in to [HPMS](#) and navigate to the Part C IPM Sample Overview. Click on the **Document Library** tab. On the Document Library tab, select “Interim Findings Report” from the Document Type selection box in the Filter Criteria section and click the **Filter** button. Additionally, the Interim Findings Report User Reference Guide is available along with the Interim Findings Report on the **Document Library** tab. Select “General Sample Documentation-Reference and Training Documentation” from the Document Type selection box in the Filter Criteria section and click the **Filter** button.

Q 4.6 — How do MA Organizations access the Final Findings Report?

CMS will send MA Organizations an email notification when the Final Findings Report is available for download from the HPMS Part C IPM module Document Library (tentatively December 2025). When MA Organizations are notified that the Final Findings Report is available, log in to [HPMS](#) and navigate to the Part C IPM Sample Overview. Click on the **Document Library** tab. On the Document Library tab, select “Final Findings Report” from the Document Type selection box in the Filter Criteria section and click the **Filter** button. Additionally, the Final Findings Report User Reference Guide is available along with the Final Findings Reports on the **Document Library** tab. Select “General Sample Documentation-Reference and Training Documentation” from the Document Type selection box in the Filter Criteria section and click the **Filter** button.

Q 4.7 — How can MA Organizations access submission-related reports?

Log in to [HPMS](#). From the HPMS home page, click on the **Monitoring** tab in the HPMS top navigation bar. Select the **Part C IPM** menu item to be taken to the Part C IPM Dashboard. Select the **Sample** menu item in the left navigation bar, and then click **Select Sample**. Click the link for the sample on the Select Sample page to be taken to the Sample Overview page. From the Sample Overview page, click the **Reports** tab.

MA Organization plan users have access to the following reports from the **Reports** tab in the HPMS Part C IPM Module:

- Complete Enrollee-HCC Report
- Contract Submitter Summary Report
- Email History Report
- HCC Outcomes Detail Report

For more information on reports, refer to page 28 of the *HPMS Part C IPM Module User Guide*.

Q 4.8 — How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?

The MA Organization Training Module recordings, slides, and transcripts are available in the HPMS Document Library. Other training documentation, such as the *CY23 Part C IPM Medical Record Submission Instructions*, is also available in the Document Library. To access training and reference documentation, log in to [HPMS](#) and navigate to the Part C IPM Sample Overview. Click on the **Document Library** tab. On the **Document Library** tab, select “General Sample Documentation-Reference and Training Documentation” from the Document Type selection box in the Filter Criteria section and click the **Filter** button.

Q 4.9 — How can MA Organizations access training documents and findings reports from previous Part C IPM samples?

CMS makes Part C IPM samples accessible to plans for a set amount of time (generally May of the year after the sample submission window closes). To request training documents or findings reports from a previous sample, send an email to the Part C IPM resource mailbox (PartC_IPM@cms.hhs.gov) and include the applicable sample year, contract ID, and document name with the request.

5. Medical Record Request

Q 5.1 — Are there materials available to assist MA Organizations with requesting medical records from providers?

Yes. CMS has provided the following resources in the HPMS Part C IPM module Document Library to assist MA Organizations with requesting medical record documentation:

- **Physician Letter and Hospital Letter:** MA Organizations may use these letters when contacting providers to request medical record documentation. Both letters include a Health Insurance Portability and Accountability Act (HIPAA) Fact Sheet. **Note:** The Letters and Fact Sheet may be shared with providers only for the purpose of the CY23 Part C IPM activity, and for no other purposes.
- **CY23 Part C IPM Medical Record Submission Instructions:** MA Organizations may refer to the “Requesting Medical Records from Providers” and “Lessons Learned with Part C IPM” sections of the instructions for more guidance and tips on requesting medical records.

Q 5.2 — Can providers send medical records directly to CMS?

No, providers should not send medical records directly to CMS. Providers must send the documentation to the MA Organization that requested the information so that the MA Organization may submit the documentation to CMS using the HPMS Part C IPM module.

6. Medical Record Selection and Submission

Q 6.1 — What are key considerations for selecting a medical record?

CMS has provided reference materials to assist MA Organizations with selecting a medical record. MA Organizations may download the *CY23 Part C IPM Medical Record Selection and Submission Quick Reference Guide* and the *CY23 Part C IPM Medical Record Submission Instructions* from the HPMS Part C IPM module Document Library. For instructions on accessing Part C IPM training and reference documents, refer to [Q 4.8 “How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?”](#)

Q 6.2 — Does CMS have examples of valid or invalid medical records?

Yes, fictitious examples of valid and invalid medical records are provided in MA Organization Training Session 3, which is located in the HPMS Part C IPM module Document Library. For instructions on accessing Part C IPM training and reference documents, refer to [Q 4.8 “How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?”](#)

Q 6.3 — Where can MA Organizations find a list of acceptable physician specialty types?

A list of acceptable physician specialty types is available in the “CMS-HCCs and Physician Specialties” section of the *CY23 Part C IPM Medical Record Submission Instructions*. The instructions are available for download from the HPMS Part C IPM module Document Library. Refer to [Q 4.8 “How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?”](#) for more information on accessing the instructions.

Q 6.4 — Can CMS provide guidance on whether a medical record is acceptable prior to submission?

CMS cannot determine medical record validity prior to submission in HPMS. CMS’ medical record reviewers must review the entire record to determine validity. MA Organizations are encouraged to submit medical records early in the submission window to help ensure timely validity feedback and opportunity to submit additional documentation, if needed.

Q 6.5 — What is the submission window for the CY23 Part C IPM activity?

The submission window for the CY23 Part C IPM activity is Thursday, January 16, 2025 through Thursday, May 8, 2025 at 11:59 p.m. PT.

Q 6.6 — What is the accepted date of service range for inpatient medical record submissions?

MA Organizations may submit inpatient medical records with any admission dates. However, the dates of discharge must occur within the data collection year, from January 1, 2022 to December 31, 2022. Please note that the medical record must document a valid face-to-face visit with an acceptable risk adjustment provider, including the diagnosis treated during the inpatient stay.

Q 6.7 — Is the admission date field for hospital inpatient records limited to a certain timeframe?

An inpatient submission is eligible if the discharge date occurred in 2022. The admission date field is not limited. For example, if the patient was admitted on December 15, 2021 and discharged on January 15, 2022, the entire inpatient submission is eligible for review.

Q 6.8 — Is there a limit to the number of medical records that can be submitted for each CMS-HCC?

Currently, there is no limit to the number of medical records that can be submitted for each CMS-HCC. However, MA Organizations should carefully review the selected documentation before submitting records. Please note that MA Organizations may submit a single medical record to support multiple CMS-HCCs. When submitting a single medical record for multiple CMS-HCCs, please select all applicable CMS-HCCs on the Medical Record Coversheet and submit the record **once**. Please avoid submitting the same medical record documentation multiple times. CMS will not review duplicate records.

Q 6.9 — How can MA Organizations rank medical records submitted for each CMS sampled CMS-HCC? Will CMS be reviewing all medical records submitted?

No ranking is applied in Part C IPM. For the Part C IPM, CMS reviews all of the medical records that the MA Organizations submit, with the exception of records that the medical record review contractor confirms as duplicates. CMS considers a record to be a duplicate when an MA Organization submits the same medical record documentation multiple times for an enrollee, either for the same or different CMS-HCCs.

Q 6.10 — Are telehealth visits considered valid for the CY23 Part C IPM?

As a result of the COVID-19 emergency declaration blanket waivers CMS has issued, telehealth visits for CY23 Part C IPM dates of service (January 1, 2022 – December 31, 2022), will be considered equivalent to face-to-face visits. The medical record should document the same standard of care as an in-person visit (for example, include diagnosis, assessment, issues discussed, and/or plan). However, the record does not need to specifically reference the audio or video component of a telehealth visit.

Q 6.11 — What should MA Organizations do if the medical record does not contain the signature/credentials of the provider who performed the visit?

MA Organizations may submit a CMS-Generated Attestation to resolve signature or credential issues. For more information on CMS-Generated Attestations, refer to the “CMS-Generated Attestations” section of the *CY23 Part C IPM Medical Record Submission Instructions*, which are available for download from the HPMS Part C IPM module Document Library.

Q 6.12 — Where can MA Organizations find the CMS-Generated Attestation?

MA Organizations are given one CMS-Generated Attestation per enrollee in the CY23 Part C IPM Enrollee Data Package located in the HPMS Part C IPM module Document Library.

Q 6.13 — Are plan-generated attestations acceptable?

No, **only** the CMS-Generated Attestation provided in the Enrollee Data Package is acceptable.

Q 6.14 — Will electronic signatures be accepted for CMS-Generated Attestations?

CMS will accept an electronic provider signature on a CMS-Generated Attestation form for CY23 Part C IPM. Electronic signatures must follow the requirements specified in the *CY23 Part C IPM Medical Record Submission Instructions* found on page 10. For information on accessing the instructions, refer to [Q 4.8 “How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?”](#)

Q 6.15 — What should an MA Organization do if it cannot obtain a signed CMS-Generated Attestation after appropriate due diligence?

A CMS-Generated Attestation must be signed by the rendering provider for the service. If your MA Organization is unable to obtain a signed CMS-Generated Attestation form, CMS recommends finding a replacement medical record with a valid signature and credential. If your MA Organization is unable to find a replacement medical record, CMS recommends submitting the medical record without the attestation, as the MRR coders may be able to validate the signature/credential for the medical record submission.

Q 6.16 — Does CMS consider a CMS-HCC to be validated if the CMS-HCC was not listed on the coversheet but was found on the submitted medical record during MRR?

Yes. CMS considers the CMS-HCC to be validated if it is found on any submitted medical record for a given enrollee. However, MA Organizations should carefully review documentation prior to submission and indicate all applicable CMS-HCCs on the coversheet.

Q 6.17 — How are slight variations in enrollee names handled, such as the use of a middle initial or changes in last name due to divorce and/or marriage?

The Medical Record Coversheet provides an area to input a beneficiary's name and date of birth, and a field for corrections. The correction field identifies a discrepancy between the name on the medical record and the name listed in HPMS and the enrollee file. For example, to indicate a middle name error, or an alteration using the first initial instead of a name, use this section to make the correction. We recommend verifying the name on the coversheet. If there are any discrepancies, make the correction on the Medical Record Coversheet. CMS reviews these corrections to confirm the enrollee is valid.

Q 6.18 — Where is the Medical Record Coversheet located?

The Medical Record Coversheet becomes available during the medical record submission process in the HPMS Part C IPM module. MA Organizations may refer to the *HPMS Part C IPM Module User Guide* for instructions on how to make a submission, including completing the Medical Record Coversheet. Refer to the "Submission Tab & Process" section (beginning on page 13 of the user guide) for instructions on making a submission. Specific instructions regarding the Medical Record Coversheet begin on page 19 in the "Submission Tab – Submit Coversheet" section. For information on accessing the user guide, refer to [Q 4.2 “Where can MA Organizations find the HPMS Part C IPM Module User Guide?”](#)

Q 6.19 — How do MA Organizations begin a submission in HPMS?

MA Organizations make submissions using the Submission tab in the HPMS Part C IPM module. For instructions on making a submission, refer to page 13 of the *HPMS Part C IPM Module User Guide*. For information on accessing the user guide, refer to [Q 4.2 “Where can MA Organizations find the HPMS Part C IPM Module User Guide?”](#)

Q 6.20 — What is the naming convention for the medical record .pdf files?

The .pdf file does not have a specific naming convention. However, filenames must contain less than 100 characters, must exclude PHI and PII, and cannot contain any of the following characters: #%+:&. Guidance on PHI/PII exclusion is available in the “Preparing the Medical Record File” section of the *CY23 Part C IPM Medical Record Submission Instructions*, located in the HPMS Part C IPM module Document Library. For information on accessing the instructions, refer to [Q 4.8 “How can MA Organizations access the MA Organization Training Module recordings, slides, and transcripts, as well as other reference documentation?”](#)

Also, review page 23 of the *HPMS Part C IPM Module User Guide* for the complete .pdf requirements. For information on accessing the user guide, refer to [Q 4.2 “Where can MA Organizations find the HPMS Part C IPM Module User Guide?”](#)

Q 6.21 — What is the maximum file size for a .pdf medical record submitted to HPMS?

The maximum file size for a .pdf file is 50 MB.

Q 6.22 — Can MA Organizations delete previously submitted medical records?

No. However, MA Organizations may submit additional medical records for a sampled CMS-HCC. The only time a submitted medical record can be deleted is when a PHI/PII issue is discovered (i.e., the record submitted is for an enrollee not included in the CY23 sample). In this case, the Medical Record Review Contractor will delete the record.

Q 6.23 — Can MA Organizations edit a medical record and/or coversheet after it has been submitted?

No, once the medical record file has been submitted, neither the coversheet nor the medical record can be amended. However, MA Organizations may submit a new or corrected record until the CY23 Part C IPM submission window deadline, which is Thursday, May 8, 2025 at 11:59 p.m. PT.

Q 6.24 — Can MA Organizations download a copy of a submitted medical record from HPMS?

No, MA Organizations cannot download copies of submitted medical records from HPMS.

Q 6.25 — What should an MA Organization do if it does not have a medical record to support a CMS-HCC?

If an MA Organization does not have a medical record to support an audited CMS-HCC(s), it should select the “No document will be attached for selected CMS-HCC(s)” radio button when completing the coversheet during the submission process in HPMS. The MA Organization will be required to provide a brief explanation detailing why medical record documentation will not be submitted for the selected CMS-HCC(s).

If documentation is found during the submission window, an MA Organization may generate a separate coversheet with documentation attached. Please note that CMS-HCCs without a valid medical record submitted will be marked as discrepant.

7. Medical Record Review

Q 7.1 — What is the average turn-around time from submission to validation?

The turn-around time depends on the volume of records received throughout the submission period. During the submission window, MA Organizations receive documentation of CMS-HCC validation outcomes in the Part C IPM *HCC Outcomes Detail Report* and IFR. For more information, refer to the [“Medical Record Submission Feedback During the Sample”](#) section of these FAQs.

Q 7.2 — What coding guidelines do CMS’ medical record reviewers use?

CMS’ medical record reviewers code records according to International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) Guidelines for Coding and Reporting.

Q 7.3 — How many levels of coding review do Part C IPM medical records go through?

Medical records submitted for the Part C IPM sample go through two independent levels of coding.

8. Medical Record Submission Feedback During the Sample

Q 8.1 — How can MA Organizations obtain preliminary results during the submission window?

During the submission window, MA Organizations receive feedback in the following forms:

- **Part C IPM HCC Outcomes Detail Report:** The Part C IPM *HCC Outcomes Detail Report* is a downloadable Excel report that displays a list of all CMS-HCCs reviewed within the sample, preliminary CMS-HCC outcomes, and MA Contract Suggested Action to the plan user. This report is generated daily and available for download from the HPMS Part C IPM module Reports tab.
- **IFR:** The IFR shows the final coding results for all records submitted by the IFR cutoff date. CMS will issue one IFR during the submission window. At the completion of the CY23 Part C IPM, your MA Organization will receive a FFR reflecting final dispositions for all CMS-HCCs. CMS sends an email notification to MA Organizations when a findings report is available for download from the HPMS Part C IPM module Document Library.

Q 8.2 — What is the cutoff date for medical record submissions to be included in the IFR?

The cutoff date for the IFR is 11:59 p.m. PT on Tuesday, March 18, 2025.

You will receive feedback on all medical records submitted before the IFR deadline. The IFR will identify CMS-HCCs found discrepant during MRR, giving your MA Organization the opportunity to submit additional medical records that may substantiate the discrepant CMS-HCCs before the submission deadline of 11:59 p.m. PT on Thursday, May 8, 2025.

9. Final Payment Error Findings

Q 9.1 — How can MA Organizations obtain the final results of CY23 Part C IPM?

After the CY23 Part C IPM concludes, and the improper payment rate is reported, CMS will distribute an FFR showing the disposition of all the CMS-HCCs in the sample to each MA contract. The FFRs will include MRR results for sampled enrollees from the MA Organization and summary-level results for the overall CY23 Part C IPM sample. In accordance with the PIIA, the Part C Improper Payment Error Estimate is published annually in the [HHS Agency Financial Report](#) as well as [PaymentAccuracy.gov](#).

The CY23 Part C IPM FFR will be available tentatively in December 2025. CMS will send MA Organizations an email notification when the FFR is available.

Q 9.2 — How are payment error findings calculated for CY23 Part C IPM?

CMS calculates a revised risk score for each sampled enrollee based on the ICD-10-CM diagnosis codes identified during CY23 Part C IPM MRR. Using the revised risk score, CMS derives the payment amount associated with that enrollee. The difference between the original risk score and the MRR-based risk score is the basis to determine the estimated payment error associated with each enrollee. Payment errors may be positive, indicating overpayments, or negative, indicating underpayments. In Part C IPM, underpayments only occur when the MRR coders identify higher CMS-HCC(s) in the same hierarchy as the sampled CMS-HCC(s) that the MA contract did not previously submit for payment.

Q 9.3 — How are CY23 Part C IPM payment error findings applied?

CMS applies the sample-level findings to the Medicare Part C population as a whole, including partial year enrollees, and calculates a program-wide extrapolated estimated payment error. CMS then calculates a confidence interval around the results. In accordance with the PIIA, the Part C Improper Payment Error Estimate is published annually in the [HHS Agency Financial Report](#).

Q 9.4 — Does Office of Financial Management (OFM) share results with Center for Program Integrity (CPI)?

Yes. CMS OFM collaborates with CPI and the Center for Medicare (CM), and many other departments and groups across the agency, to administer MA programs efficiently and effectively.

Q 9.5 — Where can MA Organizations find the most recent Part C payment error estimates?

The most recent Part C error percentage appears in the publicly available [HHS Agency Financial Report](#), which is published annually as well as [PaymentAccuracy.gov](#).

Glossary

Term	Definition
CFR	Code of Federal Regulations
CM	Center for Medicare
CMS	Centers for Medicare & Medicaid Services
CPI	Center for Program Integrity
CY	Calendar Year
EDPS	Encounter Data Processing System
EDS	Encounter Data System
ESRD	End Stage Renal Disease
FFR	Final Findings Report
HCC	Hierarchical Condition Category
HIPAA	Health Insurance Portability and Accountability Act
HPMS	Health Plan Management System
IFR	Interim Findings Report
IPM	Improper Payment Measure
MA	Medicare Advantage
MRR	Medical Record Review
OFM	Office of Financial Management
PHI	Protected Health Information
PII	Personally Identifiable Information
PIIA	Payment Integrity Information Act of 2019