

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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Baltimore, Maryland 21244-1850



**CENTER FOR MEDICARE  
MEDICARE PLAN PAYMENT GROUP**

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DATE: February 29, 2024

TO: All Medicare Advantage Organizations, PACE Organizations, Medicare-Medicaid Plans, Section 1833 Cost Contractors and Section 1876 Cost Contractors, and Demonstrations

FROM: Jennifer Shapiro, Director  
Medicare Plan Payment Group

SUBJECT: 2024 Risk Score Reruns for Purposes of Payment Recovery

The purpose of this memo is to notify all Medicare Advantage (MA) Organizations and other entities that submit risk adjustment data of the payment years for which CMS intends to rerun risk scores for payment recovery during calendar year (CY) 2024. Section 1128J(d) of the Social Security Act requires that overpayments received under title XVIII or XIX to which an entity is not entitled must be reported and returned no later than 60 days after it was identified by the entity. Once an MA organization has identified that incorrect diagnosis data were submitted, the MA organization is responsible for deleting the incorrect diagnosis data through the established submission process for the Risk Adjustment Processing System (RAPS) and/or the Encounter Data Processing System (EDPS) (42 CFR 422.310(d)(2)). **The obligation to delete incorrect diagnosis data applies regardless of whether the MA organization identifies the incorrect diagnosis data prior to the risk adjustment deadline (open period deletes) or after (closed period deletes).**

The April 15, 2022, HPMS Memo “Reminder of Existing Obligation to Submit Accurate Risk Adjustment Data,” reminds all MA organizations that submit risk adjustment data under 42 CFR 422.310 of their existing statutory, regulatory, and contractual obligations to submit accurate risk adjustment data and correct their risk adjustment data based on their best knowledge, information, and belief. The memo also noted that CMS intends to schedule reruns and adjust payments based on both closed period deletes and auditable estimates, and that CMS will provide advance notice to the MA organizations regarding the scheduling of these reruns and payment adjustments.

Reruns will be completed for the following payment years in CY 2024:

<b>Payment Year</b>	<b>Dates of Service*</b>
2016	2015
2017	2016
2018	2017

\*Risk scores applied to a payment year are based on diagnoses from services received in the previous calendar year.

These reruns will include deletes from RAPS and EDPS. Please monitor HPMS as CMS will distribute a memo that provides information regarding how to determine the status of a diagnosis in the MAO-004 report after the final risk adjustment data submission deadline given various overpayment scenarios, as well as subsequent memos regarding submission deadlines. These reruns do not affect an organization's continued obligation to report and return overpayments within 60 days of identification of the overpayments.

For questions relating to this memo, please email the Risk Adjustment Policy (RAP) mailbox at: [riskadjustmentpolicy@cms.hhs.gov](mailto:riskadjustmentpolicy@cms.hhs.gov) and specify "HPMS memo- 2024 Risk Score Reruns for Purposes of Payment Recovery" in the subject line.