



THIS MEMORANDUM MAY ONLY BE UTILIZED FOR THE PURPOSE STATED HEREIN

MEMORANDUM

DATE: January 2, 2026

TO: Medicare Physician and Practitioner Providers

SUBJECT: Medical Record Request for Calendar Year 2024 (CY24) Part C Improper Payment Measure (Part C IPM)

You are being asked to respond to a medical record request by a Medicare Advantage (MA) Organization. This request is based on diagnosis data submitted to the Centers for Medicare & Medicaid Services (CMS) as a result of services you provided to MA beneficiaries during calendar year 2023 (CY23). The purpose of this request is to validate diagnoses that were sent to CMS to determine health status-adjusted payments under risk adjustment. Risk adjustment modifies capitated payments made to MA Organizations based on the health status of each enrolled Medicare beneficiary.

The MA Organization sending this request has identified one or more of your patients for data validation. The CY24 Part C IPM medical record request activities are scheduled to take place between January 2026 and May 2026. If you received this request outside of that timeframe, please contact CMS at PartC_IPM@cms.hhs.gov. During CY24 Part C IPM, certified independent coders will conduct medical record reviews.

It is important to note that physicians and practitioners that submit requested medical records to MA Organizations are not in violation of the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. Accordingly, patient-authorized information releases are not required to comply with this request for medical records. See the attached HIPAA Fact Sheet for more details. Also, please note that Federal regulations require MA Organizations and their providers and practitioners to submit medical records for the validation of risk adjustment data (42 C.F.R. §422.310).

Please send all medical records requested directly to the requesting MA Organization. **Do not send any medical records to CMS or its contractors.**

We ask that you respond to this request as quickly as possible and thank you in advance for your valuable time. Your responsiveness is important to ensure accurate risk adjusted payment. Should you have questions regarding this data validation initiative, please contact CMS via email at PartC_IPM@cms.hhs.gov and reference “CY24 Provider Inquiry” in the subject line.

Sincerely,

CHRISSY
FOWLER -S
Chrissy Fowler, Director
Payment Accuracy Reporting Group
Office of Financial Management

Digitally signed by
CHRISSY FOWLER -S
Date: 2025.12.16 14:55:00
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Attachment: HIPAA Fact Sheet



Calendar Year 2024 (CY24) Part C Improper Payment Measure (Part C IPM) Health Insurance Portability and Accountability Act (HIPAA) Fact Sheet

The collection of risk adjustment data and request for medical records to validate payment made to Medicare Advantage Organizations does not violate the privacy provisions of HIPAA. Therefore, a patient-authorized release of information is not required to submit risk adjustment data or respond to a medical record request from CMS for data validation.

Refer to the resources below for additional questions concerning HIPAA requirements:

General Reference: 45 Code of Federal Regulations (C.F.R.) Part 164, Standards for Privacy of Individually Identifiable Health Information, Final Rule

Web Link: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html>

C.F.R. References:

- 45 C.F.R. Part 164, Subpart E, Section 164.501—Definitions
- 45 C.F.R. Part 164, Subpart E, Section 164.502—Uses and disclosures of protected health information: general rules
- 45 C.F.R. Part 164, Subpart E, Section 164.506—Uses and disclosures to carry out treatment, payment, or health care operations.