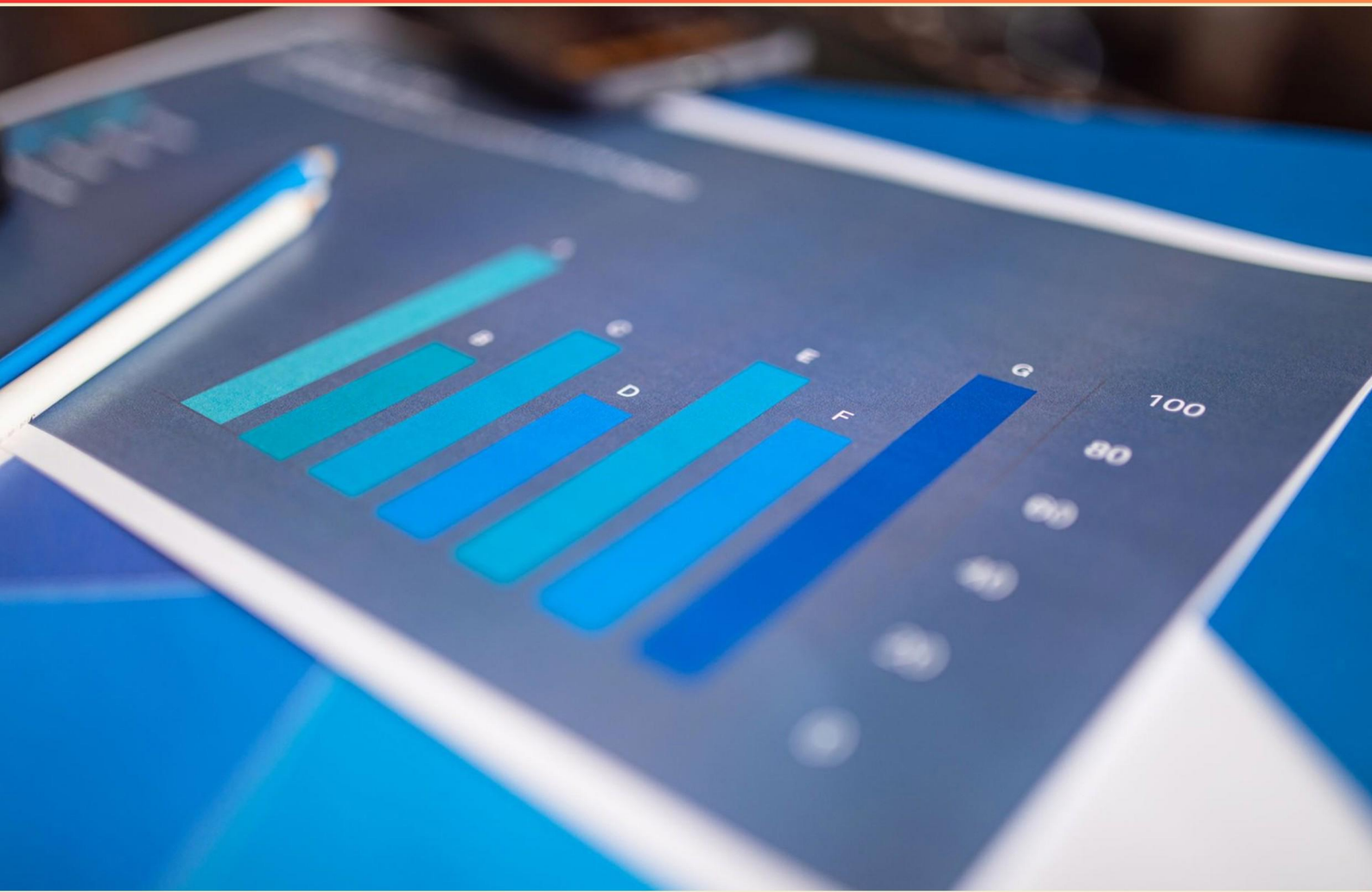


RISK ADJUSTMENT DATA VALIDATION (RADV) AUDIT TRAINING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://radvaudittraining.examzify.com>



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. How often are RADV audits conducted?**
 - A. Every month
 - B. Approximately annually, but can vary by plan
 - C. Every two years
 - D. Only when required by law
- 2. Do the HCC category hierarchies play a role in which medical record to submit for a RADV?**
 - A. A. I
 - B. B. II
 - C. C. III
 - D. D. III and IV
- 3. Which of the following statements are TRUE regarding problem lists?**
 - A. In some EHRs, the problem list can be carried over from a previous visit without updating the information.
 - B. Problem lists can include previously treated conditions.
 - C. Problem lists include chronic conditions.
 - D. In some EHRs, the problem list can include conditions from previous years.
- 4. What can be the outcome of implementing a corrective action plan after a RADV audit?**
 - A. Improved adherence to coding practices
 - B. Increased revenue without changes
 - C. Greater leniency from auditors
 - D. Decreased documentation requirements
- 5. Risk Adjustment is classified as which type of payment system?**
 - A. Prospective payment system
 - B. Retrospective payment system
 - C. Fee-for-service payment system
 - D. Case rate payment system

- 6. What does the acronym "CMS-HCC" stand for?**
- A. Centers for Medical Services - Health Care Claims
 - B. Centers for Medicare and Medicaid Services Hierarchical Condition Categories
 - C. Certified Medical Specialists - Health Care
 - D. Community Medicare Solutions - Health Conditions
- 7. What is the process of selecting samples for RADV audits known as?**
- A. Data selection technique
 - B. Sampling methodology
 - C. Audit sampling process
 - D. Data criteria assessment
- 8. In the context of RADV, what does "data submission" refer to?**
- A. The process of gathering patient feedback
 - B. The submission of diagnosis and other information to CMS
 - C. Collecting data from insurance claims
 - D. The archiving of patient records for future audits
- 9. What is a primary goal of conducting RADV audits?**
- A. To reduce the administrative workload of healthcare providers
 - B. To ensure compliance with broad health regulations
 - C. To provide accurate assessments of risk scores submitted
 - D. To enhance patient education on healthcare rights
- 10. What management strategy can help improve documentation practices for a RADV audit?**
- A. Implementing random audits of documentation
 - B. Developing a structured training program for clinicians
 - C. Reducing the frequency of documentation reviews
 - D. Encouraging clinicians to work independently

Answers

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1. B
2. D
3. D
4. A
5. A
6. B
7. B
8. B
9. C
10. B

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Explanations

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1. How often are RADV audits conducted?

- A. Every month
- B. Approximately annually, but can vary by plan**
- C. Every two years
- D. Only when required by law

The frequency of RADV audits being approximately annually, but varying by plan, reflects the structured yet flexible nature of how these audits are scheduled. Each Medicare Advantage organization (MAO) is subject to its own unique contract terms and performance metrics, which can influence the timing and frequency of audits. While annual audits are the general expectation, certain circumstances, such as compliance issues or specific plan performance, might necessitate more frequent evaluations or adjustments to the standard timeline. This flexibility is crucial for ensuring that the integrity of risk adjustment data is maintained and aligns with the need for accurate reimbursement under the Medicare program. The variability emphasizes the importance of monitoring each plan's performance individually rather than adhering to a one-size-fits-all schedule.

2. Do the HCC category hierarchies play a role in which medical record to submit for a RADV?

- A. A. I
- B. B. II
- C. C. III
- D. D. III and IV**

The hierarchies of Hierarchical Condition Categories (HCC) are essential for determining the appropriate medical records to submit during a RADV audit. HCCs are used to risk-adjust payments based on health status, with certain conditions having a higher impact on risk scores due to their complexity and resource needs. When conducting a RADV audit, it is crucial to understand that certain HCCs can be more dominant based on their hierarchical structure. This means that if a patient qualifies for multiple HCCs, the highest-ranked category in the hierarchy will take precedence and influence the risk adjustment. Therefore, when selecting medical records for submission, it is important to consider both HCC category III and HCC category IV. HCCs in category III may represent conditions that are expected to be treated and managed over time, while category IV may include more acute conditions that require different levels of care. The interplay between these categories impacts which medical records will most likely validate the risk-adjusted payments. Thus, choosing records that reflect both III and IV ensures adherence to the hierarchy and maximizes appropriate risk adjustment representation in the submitted data. By incorporating records from both categories, auditors can demonstrate the full scope of a patient's health status and comply with the guidelines that govern

3. Which of the following statements are TRUE regarding problem lists?

- A. In some EHRs, the problem list can be carried over from a previous visit without updating the information.
- B. Problem lists can include previously treated conditions.
- C. Problem lists include chronic conditions.
- D. In some EHRs, the problem list can include conditions from previous years.**

The statement that the problem list can include conditions from previous years is accurate. This reflects the practice in many electronic health records (EHRs) where a comprehensive view of a patient's medical history is critical. Including conditions from previous years can help healthcare providers understand a patient's entire health trajectory, including resolved and chronic issues, which is vital for ongoing management and care planning. Maintaining a comprehensive problem list aids in quality care by allowing providers to quickly see both current and past medical issues. This context can significantly impact treatment decisions and preventive care strategies. In regard to the other statements, while they may contain elements of truth depending on specific EHR configurations and clinical practice standards, they do not encapsulate the broad applicability found in statement D, which recognizes the long-term documentation and relevance of past conditions in a patient's health records.

4. What can be the outcome of implementing a corrective action plan after a RADV audit?

- A. Improved adherence to coding practices**
- B. Increased revenue without changes
- C. Greater leniency from auditors
- D. Decreased documentation requirements

Implementing a corrective action plan after a RADV audit typically leads to improved adherence to coding practices. This outcome occurs because the audit process identifies deficiencies and areas for improvement in coding accuracy and compliance with regulatory requirements. When a corrective action plan is established, it usually includes training for staff, updates to documentation practices, and enhanced processes to ensure that coding reflects the patient's clinical condition accurately. With improved adherence to coding practices, healthcare providers can enhance their accuracy in reporting diagnoses, which not only reduces the likelihood of future compliance issues but can also potentially lead to better risk scores and more appropriate reimbursement for services rendered. Therefore, the focus on rectifying previously identified issues strengthens the components of data collection and documentation within the organization, aligning them with best practices and ensuring the delivery of high-quality care. The other outcomes suggested do not accurately reflect expected results following a corrective action plan. For example, increased revenue without changes is not a likely outcome; revenue changes typically result from improved processes rather than just the implementation of a plan without effective execution. Similarly, greater leniency from auditors isn't a realistic expectation, as auditors are expected to maintain their standards regardless of an organization's corrective actions. Finally, decreased documentation requirements would not align with the goal of enhancing compliance and accuracy in reporting

5. Risk Adjustment is classified as which type of payment system?

- A. Prospective payment system**
- B. Retrospective payment system
- C. Fee-for-service payment system
- D. Case rate payment system

Risk Adjustment is classified as a prospective payment system because it involves setting payment rates based on anticipated health care needs and the expected costs of care before services are provided. This approach uses demographic and diagnostic information to adjust payments for health plans, aiming to accurately reflect the risk profiles of enrolled beneficiaries. In a prospective payment system, payments are determined in advance based on certain criteria, which contrasts with retrospective systems where payments are made after services are rendered and may reflect the actual costs incurred. This helps ensure that health plans are adequately funded to care for patients with varying health statuses, while also incentivizing efficiency and value in care delivery. The other payment systems differ significantly in their structure; retrospective payment systems typically reimburse after care is provided based on actual costs, fee-for-service systems charge separately for each service provided, and case rate payment systems offer a fixed payment for a set of related services. Understanding the differences among these systems is essential in grasping how payments are structured and their implications for health care delivery and financing.

6. What does the acronym "CMS-HCC" stand for?

- A. Centers for Medical Services - Health Care Claims
- B. Centers for Medicare and Medicaid Services Hierarchical Condition Categories**
- C. Certified Medical Specialists - Health Care
- D. Community Medicare Solutions - Health Conditions

The acronym "CMS-HCC" stands for the Centers for Medicare and Medicaid Services Hierarchical Condition Categories. This classification system is crucial in the context of risk adjustment, as it enables Medicare to account for the health status and risk of patients when setting payment rates for Medicare Advantage plans. The structure of the Hierarchical Condition Categories helps facilitate a more accurate representation of a population's health and associated costs, thereby ensuring that plans are adequately funded based on the specific conditions and diseases affecting their enrollees. This is especially significant for risk adjustment data validation audits, as they determine whether the appropriate coding and documentation for these conditions is being maintained. Understanding the CMS-HCC system is essential for those who work within the Medicare landscape, as it directly influences reimbursement and service delivery for healthcare providers. This knowledge empowers professionals in maintaining compliance and optimizing care for Medicare beneficiaries.

7. What is the process of selecting samples for RADV audits known as?

- A. Data selection technique
- B. Sampling methodology**
- C. Audit sampling process
- D. Data criteria assessment

The process of selecting samples for RADV audits is referred to as sampling methodology because it encompasses the systematic approach and techniques used to determine which data points or records will be included in the audit. The methodology includes deciding how many samples to select, the criteria for those selections, and the statistical methods used to ensure the samples are representative of the larger data set. This ensures that the audit findings can be generalized to the entire population being reviewed. While the terms "data selection technique," "audit sampling process," and "data criteria assessment" may relate to various elements involved in the audit process, they do not capture the comprehensive and structured nature implied by sampling methodology, which specifically highlights the theoretical and practical frameworks used in sample selection for audits.

8. In the context of RADV, what does "data submission" refer to?

- A. The process of gathering patient feedback
- B. The submission of diagnosis and other information to CMS**
- C. Collecting data from insurance claims
- D. The archiving of patient records for future audits

"Data submission" in the context of RADV refers specifically to the submission of diagnosis codes and related patient information to the Centers for Medicare & Medicaid Services (CMS). This process is crucial because it helps CMS verify the accuracy of the risk adjustment claims made by healthcare providers. By submitting this information, organizations indicate the health status of their patients, which ultimately influences the funding and resources allocated based on the expected costs of care. This submission is an essential element of the RADV process, as it lays the groundwork for audits that ensure compliance and pinpoint any discrepancies in reported data. Thus, accurate and timely data submission is vital to maintain the integrity of the risk adjustment model and to support effective healthcare delivery. The other options do not accurately capture the essence of what "data submission" entails within the RADV framework. They may focus on related activities in healthcare data management or feedback mechanisms but do not reflect the specific responsibility of submitting diagnostic information for audit and validation purposes as required by CMS.

9. What is a primary goal of conducting RADV audits?

- A. To reduce the administrative workload of healthcare providers
- B. To ensure compliance with broad health regulations
- C. To provide accurate assessments of risk scores submitted**
- D. To enhance patient education on healthcare rights

The primary goal of conducting RADV audits is to provide accurate assessments of risk scores submitted. These audits are crucial for validating the risk adjustment data reported by healthcare organizations, ensuring that the information reflects genuine patient conditions and diagnoses. By focusing on accurate assessments, RADV audits help maintain the integrity of risk adjustment models, which are essential for appropriate reimbursement rates. This accuracy is vital for both healthcare providers and payers, as it affects funding and resource allocation. In the context of RADV, ensuring that risk scores accurately represent the patient population leads to fair compensation for the level of care provided, ensuring that providers are not under-funded or over-funded based on incorrect data. This focus on accuracy directly supports the overarching goal of promoting the quality and effectiveness of care in the healthcare system.

10. What management strategy can help improve documentation practices for a RADV audit?

- A. Implementing random audits of documentation
- B. Developing a structured training program for clinicians**
- C. Reducing the frequency of documentation reviews
- D. Encouraging clinicians to work independently

Developing a structured training program for clinicians is a vital management strategy for enhancing documentation practices in preparation for a RADV audit. This approach ensures that all clinicians are well-informed about the specific documentation requirements, coding guidelines, and the importance of accurate and complete patient records. A structured training program can help clinicians understand the nuances of risk adjustment protocols, leading to more precise documentation that aligns with the requirements of the audit process. Training sessions can focus on common documentation pitfalls, best practices for capturing patient information, and real-life case studies that illustrate the importance of accurate coding for risk adjustment purposes. By equipping clinicians with the necessary knowledge and skills, healthcare organizations can foster a culture of compliance and accountability, ultimately resulting in improved documentation quality and accuracy during audits. This proactive strategy is essential for successful RADV audit outcomes, as comprehensive and accurate documentation is key to justifying risk-adjusted payments.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://radvaudittraining.examzify.com>

We wish you the very best on your exam journey. You've got this!

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