TULSA, OK, September 18, 2013 /**24-7PressRelease**/ -- Outsource Strategies International (OSI) www.outsourcestrategies.com with more than 10 years experience in medical coding services also specializes in **Medicare Risk Adjustment Coding**

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Recently, OSI increased staff due to the number of inquiries looking for help meeting the MRA/HCC coding data submission deadlines. OSI possesses not only the knowledge of HCC coding but the validation process as well. CMS uses Risk Adjustment Data Validation (RADV) audits to validate the accuracy of the HCCs submitted by MA plans for payment. This validation occurs after the data has been collected and submitted and payment has been made.

According to OSI's Senior Manager, Natalie Tornese: "Medicare-advantage healthcare plans face increasing challenges with RADV audits. Without proper documentation and coding of HCC, health plans can lose a significant amount of money if large paybacks are required by CMS when errors are identified. OSI handles large volume to help you meet The Centers for Medicare and Medicaid Services (CMS) deadlines throughout the year, so you will be able to get the funding payment from CMS".

Purpose of risk adjustment

- Pay appropriately based on individual demographic and health status- Protect beneficiary access to care, reduce adverse selection

OSI's chart reviewers and medical coders have extensive experience in MRA/ HCC coding. HCCs are used to determine a member specific adjustment factor (RAF) and to calculate a prospective payment plan. CMS identifies the diagnosis (ICD-9-CM) codes that qualify for Hierarchical Condition Categories (HCC's). Each HCC carries a corresponding risk score which is then applied to the premium payment from CMS. CMS recognizes about 3,100 risk-adjusted ICD-9-CM codes that are categorized into 70 HCCs.

CMS Deadlines

The Centers for Medicare and Medicaid Services (CMS) observes the following three deadlines

each calendar year when calculating and delivering funding payments to Medicare Advantage plans:- Data received by CMS by the first Friday in March affects the July funding payment;- Data received by CMS by the first Friday in September affects the January funding payment;- Data received by CMS by January 31st is considered a final reconciliation and the payment is received by the plan in August.

The nature of capitation and the risk adjustment payment method requires specific deadlines for data submission that correlate to dates of service and affect capitation payments.

As a medical coding company, OSI's experienced personnel collectively possess more than 70+ years of healthcare management experience, including PT, ICD-9CM and HCPCS coding across various specialties. We are ready for ICD 10 and its changes that are coming up in October 2014. OSI's medical coders are certified by the AAPC (American Association of Professional Coders) and have over ten years of hands on experience with insurance and governmental regulatory requirements.

OSI's coders have processed more than 3 million transactions in the last 5 years.

Our biggest advantage is our ability to handle large influx of volumes while maintaining quality. We have a team of QA personal who audit charts that are coded. OSI coding auditors ensure that all requirements and guidelines such as provider signatures, credentials, and all documentation standards have been met in case of an actual audit. OSI also utilizes the MEAT(Monitored, Evaluated, Addressed/Assessed, Treated) approach to deduce hidden ICDs to yield maximum results.

Choosing a new medical billing company isn't always easy that's why OSI offers a free trial for our MRA/HCC/Audit services

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For more information about MRA Coding, contact OSI at 1-800-670-2809. OSI is a Managed Outsource Solution (MOS) company - www.managedoutsource.com .