

MDS Alert

Medicare, Compliance & Clinical News to Use

CMS extends 5010 compliance period. Providers that were sweating the April 1 deadline for 5010 compliance can breathe a little easier, thanks to a March 15 CMS announcement that the agency will once again be pushing enforcement up the road. CMS first planned to require the 5010 format Jan. 1, but last November it announced a three-month delay, CMS notes in a message to providers. Now CMS is putting off 5010 enforcement another three months, to June 30.

Providers and other claims submitters "have been making steady progress," CMS said in its announcement. "The Medicare Fee-for-Service (FFS) program is currently reporting successful receipt and processing of over 70 percent of all Part A claims and over 90 percent of all Part B claims in the Version 5010 format."

But some technical glitches are still plaguing the new format. "There are still a number of outstanding issues and challenges impeding full implementation," CMS admits. CMS's Office of E-Health Standards and Services "believes that these remaining issues warrant an extension of enforcement discretion to ensure that all entities can complete the transition."

CMS plans "to expand technical assistance opportunities and eliminate remaining barriers," the agency pledges.

If you haven't received an audit request from your Recovery Audit Contractor yet, you could be next on the list. Take these steps to protect against RAC and other auditors' review, suggests clinical consultant **Pam Warmack** with Clinic Connections in Ruston, La.:

- Watch and learn. "I love the saying, 'A smart man learns from his mistakes, but a wise man learns from the mistakes of others,'" Warmack tells **Eli**. "Every provider out there should be listening closely to discover what care is being denied and to what degree."
- Make necessary changes. Look at the risk areas highlighted by RAC and other auditors' denials, then work to limit your exposure in those areas. "Every provider should be preparing a quality program designed to minimize their risk if faced with review," Warmack advises.

"Every provider should be developing a formal corporate compliance program," Warmack urges.

- Educate staff. You can't expect your staff to comply with rules and agency policies and procedures if they don't know about or understand them. "Staff education is more important than ever," Warmack stresses.
- Hold staff accountable. "Holding clinicians accountable for admitting only eligible patients, providing qualifying care, and documenting care at a level that ensures reimbursement is absolutely essential," Warmack emphasizes.

Your current and future patients may benefit from new research findings about preventing diabetes. A lifestyle intervention of reducing fat and calories plus exercising, leading to "modest" weight loss, has proven to reduce the rate of type 2 diabetes in high-risk adults by 58 percent compared to a placebo, says the National Institutes of Health in a release. The study findings have persisted over 10 years.

Using the drug metformin has also proven to reduce the rate of type 2 diabetes in the group, NIH adds.

Both interventions save on health care costs and improve outcomes, notes the study published in the April 2012 Diabetes Care. "Lifestyle changes were especially beneficial for people age 60 and older," the NIH release notes.

"These approaches make economic sense," the study's lead author **William Herman**, director of the Michigan Center for Diabetes Translational Research in Ann Arbor, says in the release.

"The diabetes epidemic, with more than 1.9 million new cases per year in the United States, can be curtailed," says study chair **David Nathan**, director of the Diabetes Research Center at Massachusetts General Hospital in Boston. "We now show that these interventions also represent good value for the money."