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CONSULTING

SunSolutions **SPOTLIGHT** News Break

March 1, 2012, CMS Update: ICD-10, It's Closer Than It Seems – Steps to Take to Refine your Version 5010 Upgrade

The Version 5010 upgrade deadline was Sun Jan 1. CMS initiated an enforcement discretion period for 90 days, which ends on Sat Mar 31. You should be finalizing your upgrade to Version 5010 if you have not yet done so.

Once you have finished your upgrade to Version 5010, you'll need to ensure your system continues to run properly. Providers should look for the following indicators to make sure there are no problems with their system upgrade:

- An Increase in Rejections or Denials of Claims – An increase in rejections or denials of claims may be an indication that there is not sufficient or correct data provided to meet Version 5010 standards. Partners, such as payers, also have a part in correcting this issue, since forwarding, converting, or formatting data can result in rejections or denials. Monitor your claims closely to determine the reasons for rejection or denial of claims and coordinate with payers to ensure that data is properly processed to avoid claim delays.
- Issues with Non-Electronic Funds Transfer (non-EFT) Payments – Version 5010 includes changes to claims formatting, including a full nine-digit zipcode and inclusion of provider billing address. Submitting claims with only a five-digit zipcode will result in



Corporate Compliance Review

Be Proactive...

With ever increasing regulatory transparency and the recent OIG activities for facility audits, now more than ever it is important to have an effective compliance program. Did you know that an effective compliance program can reduce fines under federal sentencing guidelines?

Be Sure...

SunSolutions offers peace of mind by assisting your facility in development and oversight of a Corporate Compliance program. SunSolutions Corporate Compliance products are customized and designed to address areas of high risk.

On-site in depth risk

rejection. If your practice has not submitted the correct billing or mailing address as part of your Version 5010 claim, your non-EFT payments or Explanation of Benefits (EOBs) information may be mailed to the wrong physical location. Make sure to coordinate with your payers to verify how they use enrollment information and process claims data, as this will also be affected by the mailing address on file. Being diligent in tracking your claims and remittances (EOBs) will help identify and address any issues that may arise.

- Formatting Discrepancies with Partners – Your trading partners should also have upgraded to Version 5010; however, your organization may interpret the new standards differently than your external partners, which can result in rejected claims. You should coordinate with your payers and/or clearinghouse to determine any gaps or discrepancies in claims submissions. You and your partners should monitor claims that are automatically transferred between payers and address new response formats or data as claims are processed.

Make sure to take a look at the [Version 5010 section](#) of the ICD-10 website to find helpful factsheets on the upgrade to Version 5010 and previous listserv messages discussing the Version 5010 upgrade.

Keep Up to Date on Version 5010 and ICD-10. Please visit the [ICD-10 website](#) for the latest news and resources to help you prepare, and to download and share the implementation [widget](#) today!

Important Update – “HIPAA Version 5010/D.0 Implementation” Document has been Updated

Updates have been made to the recently-posted document titled “Important Update Regarding HIPAA Version 5010/D.0 Implementation” – specifically, CMS has modified information related to the Diagnosis Related Group (DRG) code. The document can be found at the top of the HIPAA Versions 5010 & D.0 Overview webpage, at http://www.CMS.gov/versions5010andd0/01_overview.asp.

assessment to:

- Billing Practices
- Policies and Procedures
- Personnel and Contractor Records
- Admission/Discharge Data

Be Ready...

When you contact SunSolutions we can provide support and work with your teams in the following areas:

- PPS Analysis
- Medicare Program Training
- MDS/RUG Review and Training
- Final Rule Mitigation Audit and Training
- RAC/ADR Preparation & Analysis
- Operations Assessment
- Case Mix analysis/Training Medicare Institute
- Medicare Compliance and MDS Accuracy Review

Learn the Secrets to a Citation-free Survey

SunSolutions’ mock survey will help prime your team to avoid citations with:

- Current Information on CMS
- Regulations and F-Tag Revisions
- Tag-by-Tag Scope/Severity Report for Immediate Correction

From procedures to interview questions, the mock survey will prepare your staff for facility tours and care observations.

For unparalleled results, call SunSolutions Consulting today.



Contact Info

Contact SunSolutions Consulting at
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tollfree - (888) 867 2220 for a listing of
products, services or to schedule an
educational seminar/ teleconference.

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