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Welcome to DIVURGENT's first newsletter of 2011. With the HITECH Act fully deployed, healthcare systems are pressed for time to fulfill meaningful use and to implement electronic medical records. This issue is dedicated to providing you with a good read to take with you the rest of the year.



Featured White Paper

Social Media in Healthcare: An Addicting Phenomenon

Who knew five years ago that tweeting could save lives and Facebook posts would boost business? Who expected a social networking site like LinkedIn to be a treasure box to recruiters? The idea that eVisits, electronic consultation between physicians and patients, will be able to replace doctor visits and become a mandatory benefit for physicians has emerged due to the rapid growth of technology. Each year, as the economy continues to expand innovatively and creatively, technology becomes more diverse, more helpful, and more addicting.

The most popular and widely used social media networks are Facebook, Twitter, LinkedIn, and YouTube. There are not many healthcare professionals that do not use a smartphone and have access to those sites at their fingertips. The phenomenon that started out as a way for people to reconnect and stay in touch for personal pleasure has now become a necessity for

businesses to utilize their capabilities of providing and obtaining information. "Healthcare organizations should thoughtfully engage with social media. Hospitals should be feigning for the cost effective method of social media." As the opening line of the Mayo Clinic's Center for Social Media says, the social media revolution is the most far-reaching communications development since Gutenberg's printing press.

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Interested in other DIVURGENT white papers? Here are some of the most recent:

[Evolution of Care Delivery - Accountable Care Organizations and Preparing for Implementation](#)

[Using Strategies from the Nuclear Power Industry to Improve Patient Safety](#)

[CPOE Project Management](#)

[All DIVURGENT White Papers](#)

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Project Spotlight

Cardiac Cath Lab Chargemaster & Chart Audit Review

How do you:

- Recognize untapped Cardiac Cath Lab revenue in excess of 500K?
- Identify reimbursement errors in excess of 800K over a sampling of audited procedures?
- Identify long term reimbursement errors in excess of \$3.5 million over a three year period?
- Identify physician documentation coding errors creating organization compliance risks?
- Identify workflow ineffectiveness as it relates to charge capture, procedure documentation and application system utilization?



An effective way to address these questions is by conducting a Chargemaster Description Master (CDM) and chart audit review at the department level.

DIVURGENT was engaged with a 250 bed healthcare organization located in the southwest to conduct a concentrated Chargemaster Description Master file and procedural chart audit review for the organization's Cardiac Cath Lab department. The two room Cardiac Cath Lab department conducts over 200 procedures each month. A multi-disciplinary group which included representatives from the Cardiac Cath Lab department, HIM, Business Office, Finance and Information Systems were involved.

The CDM review phase of the engagement utilized the automated application MedChex from Healthcare Concepts. Three line by line review cycles were conducted; once utilizing the automated tool, a second pass by our Cardiac Cath Lab senior consultant and finally a review with the organization's department management team. Final recommendations were derived and categorized as:

- All chargecodes recommended for inactivation due to one or more of the following: zero utilization, deleted CPT code, duplicate by CPT code.
- A list of chargecodes that have a change recommendation(s change revenue code, change chargecode description and application of appropriate CPT or HCPCS code(s).
- A list of supply items that require additional information and clarification as to what the item is in order to determine if a specific HCPCS code is appropriate.

In addition to the CDM line by line review, on site interviews and departmental walk throughs were conducted. Attention to reviewing the full workflow processes, charge capture processes, charge documentation and alignment with the department information system, Mac-Lab, were paramount.

The second phase of the project focused on the detail review and analysis of 200 Cardiac Cath Lab accounts strategically identified for review by hospital personnel. The accounts generated by the Cardiac Cath Lab included: peripheral arteriograms, peripheral interventions, diagnostic cardiac cath and coronary interventions.

Detail charge reports and UB claims were reviewed and compared to the procedure documented report for each account. Assessment findings and associated recommendations were detailed with over 190 of the 200 charts reviewed identified with some level of deficiencies.

Key points drawn from the detail report included the following:

- The misuse and/or inconsistency of established panel codes resulting in errors with charging and coding documentation.
- Physician documentation lacking specific and detailed procedure information necessary to validate and justify procedure CPT codes being captured and billed.
- Implementation of an ongoing charge capture / coding education program for all involved departments ensuring consistent and effective charge capture.
- Cardiac Cath Lab specific coding education for HIM is necessary in order to supplement and ensure all procedures are coded appropriately based upon physician documentation.
- Upon completion of the review, evaluation of the financial impact was performed utilizing CMS "addendum b" reimbursement for hospital outpatient services. The financial impact analysis of the 200 accounts identified a potential overpayment of \$580,432.75 and a potential underpayment of \$193,292.
- A more aggressive follow up review of all Medicare related procedures was recommended with an estimated reimbursement impact to the organization in excess of \$3.5 million spanning a three year period.

News & Events

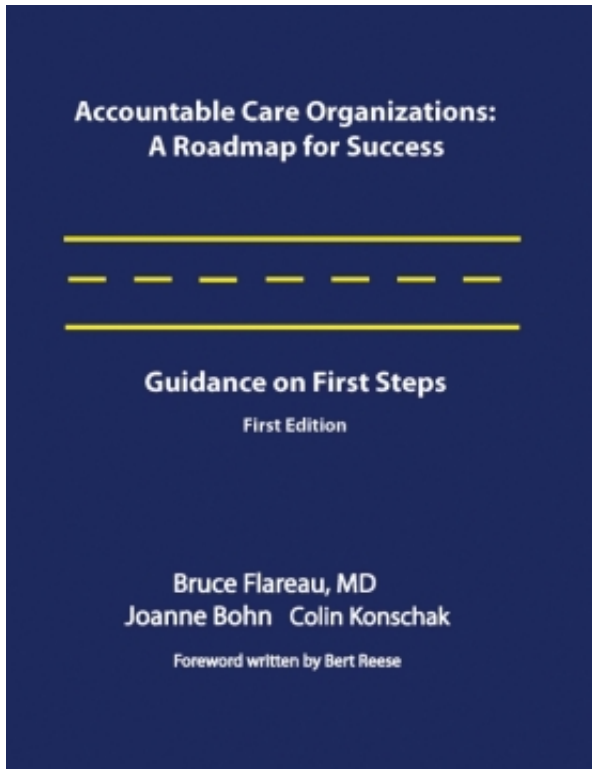
"Using Data to Transform Care and Build Competitive

Advantage" presentation by Clinical Transformation Practice Lead Mary Sirois and Managing Partner Colin Konschak. February 24 at 11:15 a.m. ET. HIMSS Presentation # 229. Orlando, FL.

"Accountable Care Organizations: Roadmap for Success. A Guidance on First Steps"

by Colin Konschak, Joanne Bohn, and Bruce Flareau, MD, will be released at HIMSS 2011. Orlando, FL.

[Click here to purchase.](#)



ACHE Congress on Healthcare Leadership. March 21 - 24. Chicago, IL.

HISTALK interviews DIVURGENT client, [Beth Raucher, MD](#), Executive Vice President and Chief Medical Officer of Lutheran HealthCare in Brooklyn, NY.

Here We Grow Again

Marydawn Bovatsek joins DIVURGENT on the Operations and Human Resources team. She has worked with DIVURGENT for the past two years on internal projects and is now a permanent

employee. Marydawn supported the Virginia Chapter of HIMSS as the Marketing and Event Coordinator for four years. Prior to the healthcare IT industry, Marydawn worked in pharmaceutical sales for over 10 years.

Terry Farris, MBA, joined DIVURGENT as a consultant and has more than 20 years experience in the Healthcare IT field. Most of his experience is with large EHR systems implementation in the acute care environment. His current assignment is the Testing Manager at [Scott and White Healthcare System](#) in Temple, Texas.

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