

# central line

A PUBLICATION FOR THE MEDICAL STAFF OF THE HOSPITAL OF CENTRAL CONNECTICUT

## Get ready for a RAC-Attack

By Steven D. Hanks, M.D., MMM, FACP, senior vice president of Medical Affairs  
& chief medical officer of The Hospital of Central Connecticut



As if there was no shortage of issues for physicians struggling to keep afloat in this tough economic and business climate,

now along comes CMS with yet another compliance nightmare: Recovery Audit Contractors (RACs).

The RAC program was initially conceived as a three-year demonstration project as part of the Medicare Modernization Act of 2003. The demonstration's purpose was to determine if RACs could be a cost-effective way to identify and collect Medicare claims overpayments not previously identified by Medicare carriers. The pilot focused on hospitals and was conducted in California, Florida and New York between 2005-2008. Last year, CMS reported the pilot a resounding success, with nearly

\$700 million in overpayments identified and returned to the government. Of all the RAC overpayment determinations, only 4.6 percent were overturned on appeal. Throughout the demonstration, the RAC program cost only 20 cents for each dollar collected. As a result, the feds made RACs a permanent requirement to be implemented nationwide by 2010 for all providers who bill Medicare.

Four companies are RAC audit contractors. For Connecticut, the company is Diversified Collection Services (DCS) of Livermore, Calif. There are two types of physician claims reviews DCS will conduct: automated reviews, which will comb existing databases for which no medical record is needed; and complex reviews, in which DCS will request records from physicians. During the pilot, CMS noted abusive tactics in which the RACs made inordinate record demands on providers; now there's a limit to the number of records that can be required for an audit. The number varies by practice size:

- Sole practitioner: 10 medical records per 45 days;
- Partnership (2-5 individuals): 20 medical records per 45 days per practitioner;
- Group (6-15 individuals): 30 medical records per 45 days per practitioner; and

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Clinical Documentation & physician profiling

## 'Make the Link' to make the grade

By Brenda Robertson, B.S.N., CCMC, CPHM  
Director, Patient Care Coordination


In this age of increasing transparency, limited resources and strong competition for market share, the public is transitioning from "patient" to savvy "healthcare consumer." Web sites like HealthGrades and MedPar provide consumers easy access to healthcare outcomes, but data can be misleading.

For example, in 2006, a patient treated at The Hospital of Central Connecticut had a mortality rate 15.4 percent above the state average while a patient being treated at Middlesex Hospital had a mortality rate 50.4% below state average. Better care? More competent physicians? That might be the layperson's reasoning for the difference in numbers. But the real reason rests in

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**Make the link**  
  
**Think in ink!**

## Medicine to initiate automated billing system

Early next year, the Division of Hospital Medicine will acquire an automated practice manager system for patient billing.

The Ingenious Med IM Practice Manager system will enable physicians, PAs and APRNs to bill electronically, helping reduce billing errors, increase efficiency, and produce cost savings. It will replace the current practice in which hospitalists manually complete billing cards sent to Billing.

The program, accessible via a handheld device or desktop/tablet computer, is set to go live early next year, following training.

IM program features include:

- **EMR and Billing integration.** Patient information will flow seamlessly from the HCC electronic medical record into Ingenious Med. Charges will automatically transfer to the billing system, avoiding missed or late bills.
- **Progress Notes section.** The provider can add patient

information like history and physical, consult and lab information to IM's Progress Notes section. This information will be accessible to covering clinicians for reference when rounding and fielding nurses' pages. In addition, this enhanced patient list will serve as a guide during patient hand-off at shift change and weekend coverage.

- **Automatic admission and discharge summary sheet.** Upon patient admission or discharge, a summary sheet will auto fax to the patient's private primary care provider.
- **Review data accessible.** Medicine can review billing data to ensure coding accuracy, as well as admitting data and patient follow-up for departmental analysis.

Former Hospitalist Program Director Jonathan Lovins, M.D., FHM, headed HCC's IM program accession development and will remain as a program advisor and resource to HCC in his role as a Society of Hospital Medicine Information Technology task force member.

### 'Make the Link' to make the grade *continued from page 1*

documentation, namely how patient information is — or is not — coded. It's important to keep in mind that physician documentation is directly linked to his/her public reporting outcomes.

In April, HCC launched the new Clinical Documentation Program, aimed at helping physicians use terminology truly reflective of the patient's illness severity and mortality risk. The program is available on adult medical/surgical units and the CCU. Clinical documentation improvement RNs, at New Britain General and Bradley Memorial campuses 7:30 a.m. to 3 p.m. weekdays, review charts and make physician queries verbally or in the chart to translate clinical terminology to an accurate code. For example, while "positive enzymes" can't be coded, "acute MI" can. Compared to last year, our case mix index for medicine and surgery has increased. It's up 4.77 percent for medical cases and 7.49 percent for surgical cases from April-August 2008 to April-August 2009.

A new program feature, Make the Link, teaches physicians about targeting top volume patient diagnoses like pneumonia or acute renal failure to effectively capture severity in clinical

documentation for accurate public reporting. Ideally, this will help increase physician response rate from the current 58 percent to 80 percent. To help reach this goal, *Central Line's* News Notes section will include documentation tips; each medical chart will include a laminated documentation tip sheet; and rotating posters with documentation tips will hang near physician documentation areas and in the departments of Medicine and Surgery.

If your practice or physician group would like an on-site session on how to translate "clinical" to "coding" for accurate public reporting of illness severity and mortality risk of your hospitalized patients, please contact me at (860) 224-5900 x6266 or via email at brobertson@thocc.org. For documentation assistance, contact clinical documentation specialist R.N.s Marianne Shanley (x2168), Janet Colasanto (x2169) or Gale Mihalalkos (x2170).

\* Risk Adjustment -3M APR DRG classification system and MEDPAR 2006 data based on State of Connecticut average death rate.

## New Transmission-Based Precaution signs at HCC



## Cardiac rehabilitation programs certified

The hospital's *All Heart* cardiac rehabilitation recently received full program certification by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).

*All Heart* at the Bradley Memorial campus was awarded this designation for the first time in 2009, while the New Britain General campus program received re-certification for the fourth time (credentialed since 1999). At nearly 40 years old, *All Heart* is the longest-running cardiac rehab program in Connecticut and the second longest running in New England.

"These AACVPR certifications show that programs at both campuses meet the highest standards for quality of care, staff expertise, and patient outcomes," says *All Heart* Medical Director Robert Malkin, M.D.

*All Heart* provides supervised exercise, ongoing education, risk factor modification and counseling for patients recovering from major cardiac events and/or procedures, including bypass, angioplasty, valve replacement, and others.

A major service line under the Department of Health Promotion at the New Britain General campus and Department of Cardiology at the Bradley Memorial campus, these programs are staffed by a team of nurses and



*Sue Bennett, a registered clinical exercise physiologist and certified exercise specialist with hospital's Department of Health Promotion, works with a patient in All Heart cardiac rehabilitation.*

clinical exercise physiologists, as well as support staff, including social workers, registered dietitians and smoking-cessation consultants. *All Heart* offers a continuum of care beginning at hospital admission and continuing into the extended outpatient period.

### Get Ready for a RAC-Attack *continued from page 1*

- Large group (16+ individuals): 50 medical records per 45 days per practitioner.

Of significance, RACs can look back and demand repayment for alleged overpayments dating back three years, but no earlier than Oct 1, 2007. If a RAC finds overpayment, the contractor will issue a demand letter. At that point, you have four options. You can simply write a check; request the amount be withheld over time from future claims; request a payment plan; or appeal. If the practice does not agree with the determination, an appeal must be filed within 30 days to avoid recoupment (actual recoupment is made on day 41). Be aware that there is a 120-day dead-

line after which appeals are not allowed.

What can you do to be prepared?

- Conduct self-audits to assure Medicare claims are filed accurately and all necessary supporting documentation is available and legible.

- The RACs are required to publicize on their Web sites the types of claims payment errors identified. Have someone in your practice assigned to periodically check the pattern. The DCS Web site is <http://www.dcsrac.com/> though the site will not be posting information until Jan. 1.

- Implement your own procedures to respond promptly to RAC medical records requests.

- Familiarize yourself with the Medicare appeals process, and be prepared to file an appeal before the 120-day deadline if you disagree with the RAC finding.

- Keep track of denied claims and take action to correct previous errors.

- Determine corrective actions your practice will need to take to assure future compliance with Medicare regulations and coding requirements.

In the end, the best preparation for a RAC-Attack is continual vigilance to accurate documentation and coding requirements. Even with the best efforts however, there will undoubtedly be repayments made by local hospitals and physicians. Such is the life we lead.

## NEWSnotes

### McNamee heads Hartford County Medical Association. Michael



McNamee, M.D., FCCP, FAARC, division head of Pulmonary Medicine/ICU, was inaugurated president of the Hartford County

Medical Association in October. The association's 217th president, he will serve a one-year term. McNamee has served on the association's Board of Directors since 1997.

### Khan heads Neurosurgery. Ahmed M.



Khan, M.D., has been named head of the Division of Neurosurgery at The Hospital of Central Connecticut. Khan,

board-certified in neurosurgery, earned his medical degree from the University of Connecticut School of Medicine; completed an internship in general surgery at the UConn School of Medicine; and a residency in neurological surgery at Rhode Island Hospital, Brown University School of Medicine, Providence, R.I. He is in practice with Connecticut Neurosurgery and Spine, with offices in New Britain and Southington, (860) 225-1227.

### Internist takes part in Qualidigm

**study.** Internist N.A.C. Mohanraj, M.D., is one of several physicians in Greater Hartford taking part in a two-year grant-funded Equity and Quality in Health Care "Equal Healthcare Project" through Qualidigm. The study focuses on minority patients with diabetes and is aimed at enhancing patient-provider interactions and increasing providers' quality improvement efforts. Study elements are integrated within patient checkups and overall care. The Connecticut Health Foundation funded the \$592,000 grant.

## National ethics organization honors Tanner

Hospital of Central Connecticut President and CEO Laurence A. Tanner has been named a Fellow of the Health Ethics Trust, which assists healthcare organizations nationwide with ethics and compliance issues.

The Trust's highest honor, the Fellow award was established over a decade ago to recognize individuals who have made an exceptional contribution to the endeavor of healthcare compliance, according to Trust President Mark Pastin, Ph.D.

Tanner, who is also president and CEO of the Central Connecticut Health Alliance, joins a group of distinguished Health Ethics Trust (HET) Fellows that includes leaders from hospitals and healthcare organizations throughout the country, government agencies and other entities.

"It's an honor to receive this award," Tanner says. "I'm proud to work with people who are committed to the highest standards of ethics and integrity. We're also fortunate in the Central Connecticut Health Alliance to have the expertise and guidance of an outstanding Corporate Ethics & Compliance Department."

The Fellow award was presented Oct. 26 at HET's Best Practices Forum in Washington, D.C.

HET is a division of the Council of Ethical Organizations and provides advisory services, education and training, research and other assistance to healthcare organizations.

## Hospital to implement new pharmaceutical disposal procedures

As part of the hospital's conservation efforts, a new pharmaceutical disposal program has begun with the aim of keeping all medications out of the environment.

The hospital is working with Stericycle, the company that provides its medical waste disposal and other services, to ensure proper sorting and disposal of pharmaceutical waste that could potentially be harmful if released into the environment.

Staff in certain departments, including the Pharmacy and some clinical care areas, will soon have special containers labeled for disposal of specific medications. Stericycle will collect full containers from the units and transport them to a facility for proper disposal.

While the hospital follows current state and federal regulations on proper

disposal of certain pharmaceuticals deemed hazardous, research is revealing the potential detrimental effects of other pharmaceuticals not covered by regulations, says Jessica Hudson, hospital safety associate.

"For most pharmaceuticals, the regulations haven't yet caught up with the research," she says. "The hospital is being very proactive in implementing a best management practice for pharmaceutical disposal before some of these regulations are even written."

Stericycle is currently reviewing all the drugs used in the hospital and will determine how best to sort and dispose of them. New procedures will not apply to waste narcotics, which, according to federal law, must be flushed down the toilet or sink.

## New Medical Staff appointments announced

### Mohiuddin Cheema, M.D.



#### Vascular Surgery

**Practice:** Connecticut Surgical Group, 40 Hart St., Building C, (860) 229-8889, New Britain; the Vascular Center, Hospital of Central Connecticut, (860) 224-5193; and 85 Seymour St., Hartford, (860) 522-4158

**Education:** Aga Khan University Medical School, Karachi, Pakistan; general surgery internship and residency, University of Connecticut School of Medicine; vascular surgery fellowship, Albany Medical Center, Albany, N.Y.

### Thomas Divinagracia, M.D., M.P.H.



#### Vascular Surgery

**Practice:** Connecticut Surgical Group, 40 Hart St., Building C, (860) 229-8889, New Britain; the Vascular Center, Hospital of Central Connecticut, (860) 224-5193; and 85 Seymour St., Hartford, (860) 522-4158

**Education:** St. George's University School of Medicine, Grenada; general surgery internship and residency, Boston University Medical Center, Boston; vascular surgery fellowship, University of Connecticut/Hartford Hospital.

### Molly Emott, M.D.



#### Hospitalist

**Practice:** The Hospital of Central Connecticut

**Education:** University of Connecticut School of Medicine; internal medicine

and pediatrics internship and residency, Duke University Medical Center, Durham, N.C.

### Charles Ingardia, M.D.



#### Maternal Fetal Medicine/Obstetrics & Gynecology

**Practice:** 80 Seymour St., Hartford, (860) 545-2884

**Education:** Creighton University School of Medicine, Omaha, Neb.; obstetrics and gynecology internship and residency, Creighton University School of Medicine-affiliated hospitals; maternal/fetal medicine fellowship, Tufts Medical Center-affiliated hospitals and the former St. Margaret's Hospital for Women, Boston. Dr. Ingardia has been in practice 32 years.

### Harris Kantor, M.D.



#### Anesthesiology

**Practice:** New Britain Anesthesia, PC, 100 Grand St., New Britain, (860) 224-5266

**Education:** SABA University School of Medicine, Netherlands-Antilles; internal medicine internship, Hospital of Saint Raphael; anesthesiology residency, Tufts Medical Center, Boston.

### Jason Leung, D.M.D.



#### Oral Surgery and Dentistry

**Practice:** Pediatric Dentistry, One Lake Street, New Britain, (860) 224-2419

**Education:** Tufts University School of Dental Medicine,

Boston; pediatric dentistry residency, Boston University.

### Nissin Nahmias, M.D.



#### General and bariatric surgery

**Practice:** Connecticut Surgeons, LLC, 95 Woodland St., 2nd floor, Hartford, (860) 714-7447

**Education:** Anahuac University School of Medicine, Mexico; general surgery residency, Albert Einstein Medical Center, Philadelphia; minimally invasive and bariatric surgery fellowship, Medical College of Virginia, Virginia Commonwealth University, Richmond, Va.

### David Spiro, D.O.



#### Neurosurgery

**Practice:** Central Connecticut Neurosurgery & Spine; 40 Hart St., New Britain, (860) 225-1227

**Education:** New York

College of Osteopathic Medicine, Old Westbury, N.Y.; general surgery internship, Arrowhead Regional Medical Center, Colton, Calif.; neurosurgery residency, North Shore University Hospital, Manhasset, N.Y.

### Charisse Ward, M.D.



#### Hospitalist

**Practice:** The Hospital of Central Connecticut

**Education:** Boston University School of Medicine, Boston; internal

medicine internship and residency, Yale University School of Medicine.

### Mary Windels, M.D.



#### Vascular Surgery

**Practice:** Connecticut Surgical Group, 40 Hart St., Building C, (860) 229-8889, New Britain; the Vascular Center, Hospital of Central

Connecticut, (860) 224-5193; and 85 Seymour St., Hartford, (860) 522-4158

**Education:** Columbia University College of Physicians and Surgeons, New York City; general surgery internship and residency, University of Connecticut School of Medicine; vascular surgery fellowship, University of Connecticut/Hartford Hospital; endovascular surgery fellowship, Hawaii Permanente Medical Center, Hawaii.

# Annual Physician Reception, Aqua Turf

Many physicians and guests enjoyed the Sept. 29 Annual Physician Reception which had a South American Carnival theme. The event, held at the Aqua Turf, featured a concert by the Connecticut Doctors Orchestra.



*Claudio Benadiva, M.D. (Obstetrics/Gynecology); Larry Tanner, president; Anthony Luciano, M.D. (Obstetrics/Gynecology); and Rafael Wurzel, M.D., (Urology).*



*Frank Miller, chairman, Board of Directors; Richard Froeb, M.D., (Orthopedics); Mary Froeb, Robert Carangelo, M.D. (Orthopedics); and Marilyn Miller.*



*Joseph Aferzon, M.D. (Neurosurgery), a member of the Connecticut Doctors Orchestra.*



*Raphael Cooper, M.D. (Urology); Robert Dowsett, M.D., husband of Susan Halley, M.D. (Nephrology).*



*Members of the Connecticut Doctors Orchestra perform.*



*George Skarvinko, M.D. (Pediatrics); Inku Lee, M.D. (Cardiology); and Curtland Brown, M.D. (Pulmonary).*



*Latha Dulipsingh, M.D. (Endocrinology), co-founder of the Connecticut Doctors Orchestra.*



*Henry Ward, M.D. (Cardiology); Ruby Barba; and Carlos Barba, M.D. (General and Bariatric surgery).*

## Pharmacy and Therapeutics Committee update

By David L. Girouard, MPH, R.Ph., director of Pharmacy

### Adverse drug event review – 2nd quarter 2009

Thirty-four adverse drug events (ADEs) at The Hospital of Central Connecticut were reported to the Pharmacy and Therapeutics Committee for the second quarter 2009. Anticoagulant medications accounted for eight reports, including five for warfarin. Warfarin therapy was associated with occurrences of retroperitoneal bleed, hemepositive stools and three high INRs. There were two reports suggestive of “redman” syndrome associated with the vancomycin use. Other reported ADEs included lupus-like syndrome (hydralazine), herpes simplex encephalitis (temozolomide) and aplastic anemia (felbamate).

### Formulary changes

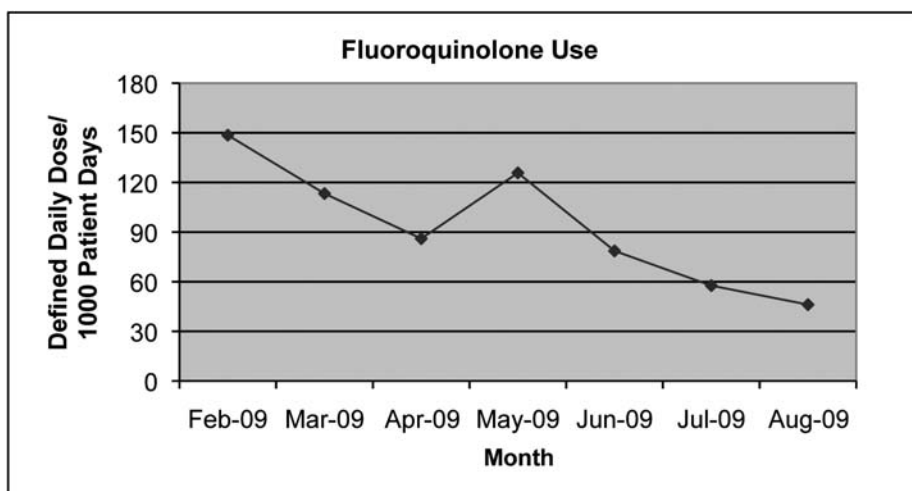
The following additions are from the July and September 2009 Pharmacy and Therapeutics Committee meetings.

#### ADDITIONS

Medication	Reasoning
Alvimopan (Entereg®)	Prevention of ileus after partial large or small bowel resection
Sodium amidotrizoate/meglumine amidotrizoate (Grastroview®)	Lower cost alternative to Gastrografin®

## Antibiotic stewardship initiative showing results

New fluoroquinolone utilization guidelines approved by the P&T Committee were implemented in April 2009. The Infectious Disease Division developed the guidelines to minimize risk of *C. difficile* infection and to address increased resistance to fluoroquinolone antibiotics. Since that time, we’ve seen a dramatic reduction in fluoroquinolone use. This program is one way the hospital is working to meet the Joint Commission’s National Patient Safety Goal for reducing the risk of health care-associated infections.



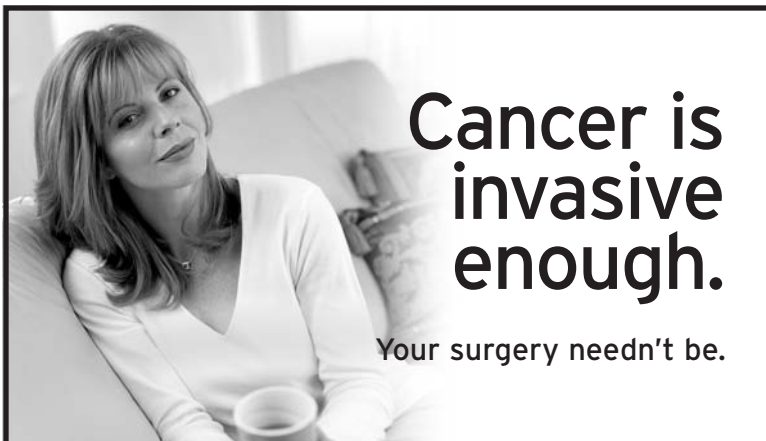
## Upcoming physician communiqués

To help improve hospital communications to Medical Staff members, here's a schedule indicating when events and other communiqués are expected.

- Jan. 25** Staff Executive Committee proceedings
- March 4** Quarterly Medical Staff meeting, 7:45 a.m., Cafeteria
- Dec. 4** *Central Line* distributed

## centralline

*Central Line* is a bimonthly publication for the medical staff of The Hospital of Central Connecticut. To send information, story suggestions or comments, please contact Kimberly Gensicki at [kgensicki@thocc.org](mailto:kgensicki@thocc.org); (860) 224-5900 x6507; or via fax at (860) 224-5779.



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IMPORTANT NEWS  
FOR OUR PHYSICIANS

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