# SERENAGROUP NEWSLETTER

Building the Nation's Leading Wound Care Team

### Two Miracles Program



#### THOMAS SERENA, MD, CEO

During pregnancy a mother carries two miracles: a new life and a placenta.

I stared at the diabetic ulcer on her foot. It stared back. Basic wound care had failed to promote any healing. My thoughts ran to the sobering statistics: a diabetic who undergoes an amputation for a foot ulcer has a prognosis worse than most cancers. Amputation is failure! The wound literature supports the use of advanced products in this situation. I choose a placental derived tissue, a mainstay in the treatment of diabetic foot ulcers and amputation prevention. I have used amnion and chorion for a decade without a second thought as to the process that brings them to the patient's bedside: How does this package of placenta get from the birthing suite to the wound clinic?

Placental tissue is donated by mothers who deliver their babies by Caesarian section. The placenta is cleaned and prepared at a tissue bank. A full placenta yields 20 to 30 grafts. Companies sell the finished product back to hospitals. Wound specialists then apply it on patients to promote healing and preserve limbs. It is the second miracle of birth: saving a life.

The two miracles are beautiful. Tissue banks and associated corporations have built this into a 4-billion-dollar industry. My momentary wound clinic daydreaming led me to wonder why hospitals have not vertically integrated this process: why don't hospitals partner with tissue banks to harvest and prepare placentas donated at their institution for their institution?

SerenaGroup® has partnered with tissue banks to harvest donated placenta, prepare the grafts, and make them available to the wound clinic. The grafts are provided at a reduced cost to the center, and thereby, increasing profitability. In addition, some of the grafts are provided at no cost for uninsured and under insured patients at risk for amputation. March is "Two Miracles Month". Please contact us for more information.

SG

#### Audits, Successful Compliance is Key



MATT SCHWEYER, CCO

Often, I am asked about what and why of audits and their relevance and importance. My response, "It's like baking a cake." Anyone who has baked a cake, knows the importance of proper ingredients and the correct procedures. When I baked my first cake, I used baking soda instead of baking powder. My mistake created a learning curve: I have since been very careful with my ingredients and procedures in baking cakes. Likewise in audits, if an ingredient or step is missed, the outcome can be disastrous; so we must consider these issues and the ingredients needed to achieve success when baking a cake.

Most clinicians are familiar with point of service audits (POS). This audit is performed on charge reconciliation, typically by you or your designee and required by both SG policy and hospital policy. In this audit, you have four ingredients: the schedule, superbill, clinical documentation, and the outcome document. This audit will provide assurance that your charges are correct, reconciled and can stand up to a more definitive audit.

The next, focused internal audit (FIA) is typically performed internally by the Revenue Cycle Team. You become aware of the need for this audit, when you receive an email asking if the clinical documentation supports a particular charge, mainly with modifier usage to support the charge. Thus, you are substantiating that Medical Necessity has been met and documented in the patient's medical record.

Medical Necessity (MN) auditing is probably one of the most important functions we provide to our hospital partners. Why? It is what safeguards the hospital against over-utilization, under-utilization, inappropriate use, and wrong therapy. Let's look deeper into the Hyperbaric Oxygen process. SG has the Pre-Assessment Treatment (PAT) form, the first step of our MN audit process. The PAT guides the end user to the elements that are needed to support the decision to treat the patient. Once an individual meets the criteria, the, Medical Record review, should occur. What are we looking for? All elements of SOC (standard of care), goals, Plans of Care, Orders and ongoing evaluations to substantiate continuing therapy. This pathway has ensured facilities on the front that the bill has been submitted, and collections come as they are paid. And, if denied, it helps the institution on the appeal process.

Okay, great Matt! Why should I be engaged in the audit process; I'm busy! Not so long ago, Hyperbaric Oxygen Therapy was on the OIG (Office of Inspector General) worklist because substantiating MN was severely lacking. In their research, it was then concluded that several million dollars were inadvertently paid for both the facilities and providers. And what happened next? The OIG demanded a look back, a very arduous process, and at the end of it, hospitals had to self-report and give back money. And that's how we got to where we are today: TPE (Target Probe and Educate), PPR (Post Payment Review) and RAC (Revenue Audit Contractor) audits. While TPE is still around, it is the PPR, that has gained speed. Why? The kinder TPE audit wasn't meeting the expectations of CMS? And that is why they escalated to PPR, which has financial bite in it.

That is why auditing is like baking a cake. Miss an ingredient or step in the process you have at best a bland cake, or worse, no cake. As your CCO, and part of your team I do not want to defend our Hyperbaric Oxygen cakebaking skills to your C-suite. Especially when they want to know why the cake left a bad taste in their mouths. In other words, why was a step of Medical Necessity missed, and they now have to pay back charges with penalties.

SG

#### SG Professional Group



Blair Flinn, Vice President

Through our specialized approach, our physicians are able to focus their practice solely on the treatment, training, education and research of wound care, giving the specialists in our centers an unparalleled level of expertise.

Dr. Thomas Serena's vision is to find the most effective way to maximize the complementary skill set of all health care professionals is to work as part of a physician-led team. The team-approach has a common goal of providing the safest, best possible care to the patients. However, these teams require leadership. Physician expertise is widely recognized as integral to quality medical care in the United States. Physicians manage the patient care in any team care arrangement to assure patient safety and quality of care, since the ultimate responsibility for each individual patient's medical care rests with the physician.

Our Providers Focus on Patient Care SerenaGroup® continues to add to our growing Medical Practice. Our network of providers are located throughout the United States who provide the best practice while healing chronic wounds, oversee hyperbaric medicine and participate in SerenaGroup Research.

We ensure our providers focus on patient care; our certified professional coders increase reimbursements and increase compliance. Compliance is an ever increasing necessity in the health care world. Our consultants are trained to provide current and up to date compliance information on medical policy reviews, coding updates, reimbursement updates, national or local coverage determinations, documentation requirements, OSHA laws, HIPAA security measures, and other important compliance issues.



Join our Fast Growing Provider Group Interested in learning more about how you can become a leading provider in advanced wound care? By joining SerenaGroup®, you will be part of the Nation's Leading Wound Care Team by practicing best practices, providing quality metrics and offer research – all sets us apart from our competitors.



# Education is one of many key benefits to partnering with SerenaGroup.

SerenaGroup recognizes that the key to continued success with positive clinical outcomes is education. Education is provided through different platforms to ensure the tools are available to our centers.

- Monthly HBO Safety Webinar
- Monthly Educational Series
- Roundtable Compliance Meeting
- Roundtable PD Meeting Productivity |
  Community Education
- Journal Club
- Member's Portal
- Newsletter
- Policies and Procedures
- Clinical Guidelines
- On-line and on-site courses



April - Memorial Hermann May - Ascension Via Christi June - Berkshire Health System







Lisa Beacom Registered Nurse

"Lisa immediately alerted the provider when she recognized a fatal condition; patient was transferred to ER and admitted for acute CHF, A-fib with RVR and acute kidney failure."

## Serend Group Building the Nation's Leading Wound Care Team

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