



THE LIGHTHOUSE

The official publication of the Maine Association Medical Staff Services, published by and for the MeAMSS membership

President's Message *Lena McDougal, CPMSSM, CPCS*

**March/April 2009
Volume 9, Issue 2**

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**2009 Education Meeting Dates
Mark your calendars!**



- April 24th-Franklin Memorial Hosp
- July 17th-Central Maine Med Center
- Oct 30th-Mayo Regional Hospital

On behalf of the Board, I am very pleased to announce that earlier this week \$500 was authorized for the 2009 scholarship fund. We determined that the deadline for submitting an application is April 30, 2009, and the recipient(s) will be notified by June 1, 2009. Please use the MeAMSS approved application when submitting your request. The applications may be submitted to me via email (lenamcd@maine.rr.com) or fax (207-896-5786) or US postal service (39 Capitol Hill Rd, New Sweden, ME, 04769). All applications must be dated on or before April 30, 2009. I will confirm receipt of your application in an email, so if you have submitted an application and don't get confirmation, please contact me. The Board is very proud to make the funds available to our membership, especially during this very difficult economic climate we're all facing. Along with this issue of the *Lighthouse*, Nancy will send the current scholarship policy and application.

The Board also reviewed the first draft of the updated Strategic Plan that is based on previous minutes, Board actions, and membership feedback. After more refining, we will ask for your review and comments.

I'm looking forward to seeing you all at our next conference at Franklin Memorial Hospital in Farmington on April 24.

Did you Miss the January Educational Session?



Highlights Inside!

- News from the MBON**
- News from BOLIM**
- What to Keep in Credentials Files**

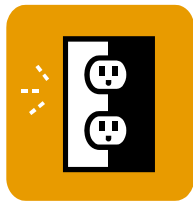
How to Save Electricity

A Little Something I Learned From an Electrical Engineer

Submitted by Lena McDougal, CPMSM, CPCS

I used an HP Business Inkjet printer for a couple of years before it stopped working, so I had to set up my HP LaserJet printer which was unplugged during that time. I don't think I'm alone when I say that I turn on my printer and leave it on 24/7. I did the same for my computer. I don't turn them off at night or weekends; only when I go away for a few days. Since my office is in our home, I was surprised when our electricity bill arrived and it was almost \$50 more than usual. I asked my husband if rates had gone up yet again and he promptly told me that the increase was due to my printer. He said that, depending on the laser printer, it can cost up to \$2 per day just to have it turned on. Needless to say, I now turn it on only when I use it and I've found this has been good for two reasons: not only am I saving on electricity use/cost, it also causes me to consider whether I really need to print that document since I'm trying very hard to maintain electronic files.

I thought this might be useful information for anyone with a laser printer. And consider the costs that may be saved for any organization with several laser printers that are turned off when not in use.



Change of Address Advice

A Little Something I Learned From Medicare Submitted by Lena McDougal, CPMSM, CPCS

A client decided to change the mailing address for the organization. This may not be a big deal in most cases; however with Medicare it can wreak havoc since the mailing address was also the pay to address. I was informed of the change after the fact, so I began to notify the insurance companies and submitted both the CMS855A & B applications to Medicare, thinking they would just make the change and all would be well. Mail from Medicare cannot be forwarded, especially envelopes containing reimbursement checks. When the post office returned their first check as undeliverable, Medicare immediately went into the fraud and abuse mode and deactivated their PTAN. I had to resubmit the applications as if I was applying for a new PTAN and submit all supporting documents, including verification of the TID from the IRS, board members' information, and the electronic funds transfer forms. It's been five months since the post office box was closed, and they are just now beginning to receive Medicare reimbursements. And because the remits were also returned, they have to pay \$25/remit to get a copy and at last count a few days ago, they were missing 25. This is a very costly lesson learned. If you ever want to change a pay to address, make sure the change is complete with Medicare before you make a change with the postal service.



How Can We Expedite the Credentialing Process?

Written by Anne Roberts, CPMSM, CPCS for the Credential & Privileging Advisor

A common question from the field that we medical staff consultants often hear is: “What can be done to expedite the credentialing process?” Physician leaders, administrators and applicants all want to know how to streamline the process and ensure a quick turnaround time for processing applications and granting clinical privileges.

For Joint Commission-accredited facilities, the standards allow the governing body to conduct an expedited approval process for initial and reappointment applicants when criteria for the expedited process (as established by the organized medical staff) are met. The first step in implementing this expedited process is to develop a policy. The policy should outline the criteria that applicants must meet in order for the governing body to grant expedited membership and/or clinical privileges. The criteria should also state that an applicant is ineligible for the expedited process if one of the following issues occur:

- The applicant submitted an incomplete application
- The medical executive committee makes a recommendation that is adverse or has limitations

Some organizations choose to add the following issues to their policy as automatically disqualifying an applicant for expedited processing. However, Joint Commission standards simply indicate that these issues must be reviewed on a case by case basis and will usually result in ineligibility:

- There is a current challenge or a previously successful challenge to licensure or registration
- The applicant has received an involuntary termination of medical staff membership at another hospital
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges
- The hospital determines that there has been either an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant

The Joint Commission standards indicate that the governing body may delegate some decision making responsibilities to a committee of at least two voting members of the governing body. These responsibilities include the authority to render decisions to grant initial appointments, reappointments, clinical privileges or modify clinical privileges.

Many locum tenens often question whether or not their credentialing and privileging can be expedited or “fast tracked.” As these standards only apply to expediting the governing body approval, they do not waive the requirement for organizations to follow their credentialing and privileging policies. While the committee approval process can be expedited, the process for credentialing remains unchanged. Organizations can send applicants or administrative leaders a copy of their credentialing, privileging, and expedited approval process policies to help clarify questions.

News from the Nursing Board

*as presented by Virginia DeLormier, Assistant Director, Maine State Board of Nursing,
at the January 16, 2009 MeAMSS Educational Session:*

September 1, 2008 marked the date for several process changes at the BON.

1. The BON has done away with APRN approval letters and replaced them with license numbers and certificates. The certificates show the initial license issue date are intended for framing and are not intended as a credentialing verification document. The license number should be verified as current on line. Go to www.maine.gov/boardofnursing/ to verify APRN licenses. Click on "License Look up to Verify Maine License". Also, when credentialing an APRN, there is no need to request or verify the RN license. In fact, APRNs who plan to remain in Maine throughout their career and practice strictly as APRN may place their RN License on inactive status.
2. Compact APRNs who were approved to practice based on a compact RN license in another state were all contacted and told that because they did not have a Maine license, they would have to apply. Only about ½ applied. The Compact nurses who applied will have an Advance Practice license in Maine, but will not have a Maine RN license, because they are not licensed RNs in Maine.
3. If an APRN holds more than one certificate, e.g. FNP and ANP, they will be given a license as an NP and the other certification will be approved and posted on the website only if the individual pays the extra to keep both. (In response to question, Ginny stated there is no descriptive language in Chapter 8 as to what an adult nurse practitioner can do vs. an FNP. Ginny did note that ANPs can't treat patients under age 13; however, she recommended she be called with any questions regarding a specific NP).
4. NEW BON RULE: Either NPs or physicians can supervise new NPs first 24 months of supervision, providing the NP has practiced at least 10 years and is practicing as an independent practitioner. (NOTE: NPs under 24-months supervision must register that supervisory relationship with the BON). The form is on the BON website.
5. Out-of-State APRNs who relocate to Maine can be licensed and not required to be supervised providing they can provide verification of the 24-months supervision by a physician (not an NP).
6. Temporary approvals are still being issued. Look for license # with "Temp" next to it. CNS – one year; NPs – two years or until the NP fails the certifying exam twice; CRNAs – 1 year after date of graduation. A letter is issued with the temporary license; however, the letter is not intended to be used for credentialing purposes.
7. License – A letter is also issued when an NP receives licensure; however, once again Ginny stated this letter is not intended to be used for credentialing purposes. License status should always be verified by going to the website.
8. Clinical Nurse Specialists in Maine do not have prescriptive authority (even if they present a DEA from another state).

9. Current Certification is required by the BON to practice as an APRN. However, the staff cannot void the license, because that is considered disciplinary action. The BON is currently working on what to do when this situation occurs and will hopefully continue to discuss the issue in March.
10. There are several certifying bodies and the BON has no restrictions on which certifying body an NP is certified.
11. COMING SOON TO THE BON: On-line renewal of Advance Practice licenses.

*The above content was reviewed and approved by Virginia DeLorimier.
Submitted by: Joyce Allen, CPMSM*



Golden Star Winner for 2008

Submitted by Cheryl Schilke, CPMSM



The Golden Star winner for 2008 is MaryCarol Rumsey, CPMSM. The star was presented to MaryCarol at St. Joseph Hospital on January 21, 2009.

Comments from the nomination forms

“MaryCarol has always been approachable and friendly. She brings a wealth of knowledge to our meetings and is always willing to share that information. When I think of the perfect Medical Staff Coordinator, I think of the dedication and hard work of MaryCarol at St. Joseph’s Hospital in Bangor.”

MaryCarol has been invaluable to St Joseph’s Hospital for many years and to MeAMSS since the formation of the organization. She served on the Board and was Education Chair. In February 2009, MaryCarol will begin cutting back her hours to part-time and enjoying partial retirement.

Editor’s Note: This is the 2nd Golden Star for MaryCarol!!



News from BOLIM

Presented by Randal Manning, MBOLIM Executive Director

1. PAs do not have prescriptive authority to write for Schedule 2 narcotics, unless specifically granted authority by the BOLIM.
Exceptions:
 - PAs working in an ED can write a starter pack
 - PAs can order Schedule 2 narcotics for inpatients**NOTE:** CMS requires that all orders by a dependent allied health professional be countersigned by their supervising physician (J. Allen)
2. Osteopathic Licensing Board requires PAs to appear before the Board with his/her physician supervisor. PAs are not permitted by the DO Board to write any Schedule 2's.
3. If the license on the web site says "pending", first ask the Dr. if s/he knows the reason and if s/he does not know, call the BOLIM to find out why. (Suggestion: also, check the physician's address listed in "DOCFINDER" since incorrect address is a frequent issue).
4. Randal explained the license renewal process is based on a 90-day timeline, as follows:
Four letters are sent:
 -
 - 1st letter – 60 days before the expiration date;
 - 2nd letter – after the license has lapsed;
 - 3rd letter (sent 30 days after the 2nd letter) – notifies the physician their license has been "administratively suspended. It is sent registered and first class. The administrative suspension is not discipline. This letter starts the final clock to lapse, which can only be stopped by submission of a complete application.
 - 4th letter (sent 30 days after the 3rd letter) is the notification of lapse "by operation of law". Even if this letter was not sent, the lapse would be effective 30 days after letter #3.
5. Randal encouraged MeAMSS members to check out—and encourage our physicians to check out--the FDAs safety web site at www.fda.gov/psn/.
6. LD89 allows for an informal conference with a physician and the complainant by a subcommittee of the Board. Right now they must be held by the full board. A physician cannot be required to attend an informal conference. Informal conferences are held in executive session unless otherwise requested by the licensee. Adjudicatory hearings are held before the full board and are public.
7. Randal distributed the proposed new template for the Plans of Supervision, noting the template can be used now but it is not required; however, in 2010 it will be mandatory. A copy of the template will be posted on the MeAMSS web site.
8. Lastly, Randal distributed copies of his response to the request from Joyce Allen, CPMSM for clarification of whether the supervisory relationship needs to be registered with the BOLIM if

the APRN is practicing within the scope of his/her nursing license. The following is a portion of the response:

...Chapter 3 of the BOLIM's rules does not expand or limit the scope of practice of an APRN. Rather, it defines the circumstances under which an APRN may work as an extension of a physician who accepts responsibility and liability for all such acts performed within a scope of practice defined by a written Plan of Supervision (POS). In such cases, the scope of clinical practice of the APRN is determined exclusively by the delegation of medical activities agreed to by the parties in the POS on file with the BOLIM. The parties may define the scope of practice as that permitted by the MSBON or may limit or broaden it (i.e. by extending it beyond the APRN's own defined scope of practice)...

If "supervision" as used within your bylaws refers to operational or managerial functions such as scheduling and performance evaluation of an APRN, then registration would not be required. However, if a physician delegates any medical activities to an APRN – either as a condition of employment (i.e. privileging) or to expand the APRN's scope of practice – then registration would be appropriate.

Reviewed, edited and approved for publication by Randal Manning, Ex. Dir., MBOLIM
Submitted by: Joyce Allen, CPMSM

CMS Website

**Please note that this website has been added to the list of websites at the end of this newsletter.
It is where to find the CMS guidelines**

http://cms.hhs.gov/manuals/Downloads/som107ap_a_hospitals.pdf

FROM THE EDITOR

Intentions – Why so many good ones fall by the wayside

Webster's Dictionary defines "intention" as *a plan of action, an aim that guides action.*

There are many kinds of intentions – simple ones like grocery lists, "to do" lists and New Year's resolutions and more complicated ones such as intentions that, when manifested, will create significant changes in our lives. It is this type of intention that this article will focus on.

Examples of this type of intention are to be more creative, to live a healthier life, or to care more for our environment. It can also be something like getting a better job, earning more money or buying the home or car of your dreams. Only you can set a meaningful intention for yourself. Once you do this, it is important to spend some quiet time setting this intention and then to spend time daily seeing what it will look like when that intention manifests. It is also important to think about and talk about the intention because what we think about and what we talk about are what we bring into our lives.

Sounds simple enough, doesn't it? Then why do so many good intentions fall by the wayside?

There are three main things that can interfere with the manifestation of our intentions. The first is the "yet" factor, which calls on us to remember that just because something hasn't manifested yet doesn't mean that it's not going to manifest. The second is the Highest Good factor which asks us to understand that the Universe knows better for us than we know for ourselves. Sometimes it's just not in our Highest Good - or the Highest Good of others involved - for our intention to manifest. And the third thing that can sabotage us is doubt.

There is an old story about the Knower and the Novice that best explains how to deal with our doubts. When the Novice makes an intention and then, soon after, is faced with doubt or resistance, he tends to buy into the doubts. These doubts can be thoughts coming from inside him that tell him that he can't have, or doesn't deserve, or can't afford whatever it is that he's intended to manifest. Similarly, these doubts can also come from his outside environment in the form of well meaning friends or business advisors who say that he couldn't possibly manifest his desires. As the Novice buys into the doubts, regardless of their source, he sabotages his experience, loses trust in the Laws of Manifestation, and stops his forward movement.

The Knower is a different story. When the Knower is confronted with doubts or resistances, instead of believing in them, he ignores them and continues moving forward. He understands that the Intention Process always works - that we are all grand Creators, capable of great things - and all we have to do is trust that when we hold onto a thought that it will manifest for us. We may not know when or where. We just know that it will.

As I thought about all of this, a vision of a bridge came to mind. The beginning of the bridge was trust and the end of the bridge is the manifestation of our intention. The space in between is the continuing trust and any actions we need to take.

The idea and much of the information for this article came from a video I watched a few years back called "The Secret." It explained the Laws of Manifestation and indicated that the process is an ancient one and still works today. I understand that there is a book by the same title if you're interested in learning more about this process...

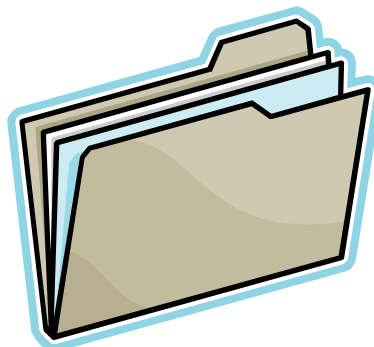
What to Keep in a Credentials File

Submitted by Debra K. Carter, CPMSM, CPCS

(From a presentation by Cheryl Schilke, RN, CPMSM at the January 16, 2009 Education Meeting)

A general guideline to assist in retention of credentials files:

1. After the death of a physician, the file needs to be kept for only three (3) years;
2. For malpractice – file should be kept for seven (7) years after the event or the age of majority if a pediatric patient (could be 28 years);
3. There has been no cause of action for negligent credentialing in Maine as of 1/14/08. This doesn't mean it hasn't been attempted or won't be;
4. Your facility should have a records retention policy. Credentialing records should be included in this policy. Use this as a guideline for the number of years a credentials file is retained – 28 years or 3 years after the death of a physician;
5. For scanning credentials files to move toward paperless and retaining electronic files– you need a certificate of destruction. The electronic record then becomes the legal copy (the paper copy must be destroyed). Remember to have a back up plan or back up CDs at a couple of locations in case of flood, fire, or burglary;
6. For electronic storage – have a retrieval system in place with an established process and procedure for location and retrieval. Work with the IT or IS department for back up and up-dates of technology;
7. Retain a copy of the initial application;
8. Retain a copy of the most recent reappointment application;
9. Quality information should be an included but separate file;
10. Retain copies of current, licensing/certification documents: DEA, Board, NPDB, etc. Throw out copies that are expired.
11. Current, signed privileging forms should accompany the most recent application. Initial privileging request and any changes to privileges should be kept.



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HELPFUL WEBSITES

<http://www.mainedental.org/>
<https://profiles.ama-assn.org/amaprofiles/>
https://www.do-online.org/index.cfm?PageID=cme_guidereqs
<http://www.maine.gov/sos/cec/rules/10/chaps10.htm>
<http://www.royalcollege.ca/>
<http://www.state.me.us/pfr/olr/>
<http://www.archives.gov/locations/index.html>
<http://www.archives.gov/st-louis/military-personnel/letter>
<http://www.nccpa.net/>
namss.org
docboard.org
msleader.com
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qualityforum.org
credentialinfo.com
www.aana.com
jointcommission.org
<https://www.nursys.com/Common.asp?pt=LICENSEVERIFICATION>
<http://www.maine.gov/boardofnursing>
http://cms.hhs.gov/manuals/Downloads/som107ap_a_hospitals.pdf

**REMEMBER THAT YOUR CONTRIBUTIONS ARE VITAL
TO A MEANINGFUL NEWSLETTER**

2009 Lighthouse Publishing Schedule

Issue	Deadline for Articles	Available on Website no later than
March/April	February 27, 2009	March 13
May/June	April 24, 2009	May 8
July/August	June 26, 2009	July 10
September/October	August 28, 2009	September 11
November/December	October 29, 2009	November 12