



THE LIGHTHOUSE

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

President's Message

By Ron Lambert, CPCS

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Autumn This Year

*The world is so beautiful this year.
Rich, vibrant colors greet me.
Leaves dancing like flames.
Autumn is so beautiful this year...
I hate to see her leave.*



Being President of MeAMSS has given me a broader overview of our profession. Over the past year I have talked with a few head-hunters and communicated with many members of the NAMSS board. What I have found is this: Education is paramount to performing our job tasks well.

Gone are the days when a high school education and the ability to type a decent business letter would get one a job as a medical staff secretary. Remember when they called us that?

More organizations are strongly suggesting that applicants have a degree, a benchmark of quality and achievement. A degree, along with experience and certification, opens more doors to those of us in the profession. Along with these higher standards, we've seen an increase in our pay scales. Certification in our profession is receiving more recognition as professional achievement in our field (with dual certification being all the better).

As professionals being able to enter information into a database correctly is no longer adequate. We have to be able to extract that data into reports that are meaningful to our organization. Right before our eyes what we do has gone from a job you would fall into to a recognized profession.

I would recommend that each of us review our skill sets and see where we can beef them up. For those of us who do not have a degree, get on the degree track. Oh, I know the excuse, "I'm thirty now and by the time I get my degree I'll be forty". I will tell you this: you are probably going to be forty anyway. The choice is whether or not you are going to have a degree by the time you get there. Not interested in pursuing a degree? Then consider pursuing CPCS or CPMSM certification. These certifications are nationally recognized and are being incorporated into the medical staff services professionals' job descriptions.

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KUDOS KORNER!



**Congratulations to:
Julie Plummer, Credentialing Coordinator, The Aroostook Medical Center
on becoming newly certified CPCS!**

People on the Move

Kaye Pierson, LPN, CPCS, was in Gilroy, California this summer on assignment. Gilroy is about an hour south of San Francisco and 40 minutes from Monterey. Kaye hopes to visit with us at the November meeting.

President's Message Continued

Our own association offers great programs that many of you attend. All receive approved CEUs from NAMSS. Even when some of the offerings might not be pertinent to your current position, I can assure you there is always something new in each presentation that you didn't know before.

My message to you all is that if you are already on the education/certification track good goin', if not, get goin'!

Happy Trails

Ron

**Upcoming Board Meeting
October 13, Bangor**

The first and simplest emotion which we discover in the human mind, is curiosity.

Edmund Burke
1729-1797

Edmund Burke was born in Dublin, January 12, educated at a Quaker boarding school and at Trinity College, Dublin. In 1750 he entered the Middle Temple, London, but soon abandoned law for literary work. His *Vindication of Natural Society* was published in 1756, as was also his *Philosophical Inquiry into the Origin of our Ideas of the Sublime and Beautiful*.

SHOULD I TAKE THE CPCS EXAM?

By Julie Plummer, CPCS

Do you find yourself asking the question, “Should I take the CPCS exam?” Here is a little insight on what happened to me when I asked myself this question.

I have been working in the Medical Staff Services field for three and a half years. I began working at The Aroostook Medical Center (TAMC) as a Credentialing Assistant and, about two years ago, became the Credentialing Coordinator. When I first started out, I didn’t even know what the word “credentialing” meant.

At my last performance evaluation, my manager, Joyce Allen, CPMSM, listed some goals she wanted to see me achieve over the upcoming year, which included obtaining my CPCS certification. Me? Become certified? Was I ready? Could I really do this? That’s when I began researching the exam. I discovered the CPCS exam tested your knowledge of JCAHO and NCQA standards. I felt I was pretty familiar with JCAHO, since my hospital is a JCAHO-accredited facility; however, I felt I knew very little about NCQA, since I do not handle the managed care credentialing. I was very concerned about this. That is when I contacted Lena McDougal, CPCS, CPMSM, a very knowledgeable lady who once handled the managed care credentialing at TAMC, to give me an introduction to managed care. One day as we traveled to Bangor for an Affinity Group meeting, Lena gave me a five-hour crash course in managed care credentialing. She introduced me to quiz corner on the website www.mssp-nexus.com, which turned out to be a phenomenal learning tool. I also began memorizing the acronyms listed on the NAMSS website and spending countless hours on the Internet researching their definitions. I also obtained the book, *Verify and Comply*, Third Edition, “A Quick Reference Guide to JCAHO and NCQA Standards for Credentialing” by Carol Cairns, which became my most valuable possession for the next several months. I studied the NPDB and HIPDB guidebooks as well (I’m sure several of you remember, while at the MeAMSS conference in Wells, I gave up a lobster dinner to lock myself in my suite to read, read, read).

As exam time grew closer, my nerves began settling in. Did I study enough? Was I ready to take the exam?

The test took me a little over three hours, as I did not dare to leave until I was comfortable with all my answers. I do have to say I was very amazed and very relieved at how many answers I knew just from doing my everyday job; however, I was also very concerned how the questions asked for the *best* answer versus the *correct* answer. Did I even know the *best* answer? All I could do at this point was patiently wait. Would it really take six weeks to receive the results?

I spent the next five and a half weeks racing to the mailbox every day after work. When the results finally arrived, I must have stared at the unopened envelope for an eternity. I had been waiting so long for this envelope, so why couldn’t I open it? I ended up peeking through its little window to see the word “CONGRATULATIONS” printed inside. That’s when I knew I had passed the exam (and it was safe to open the envelope). Thank you to everyone who helped me achieve this goal. It is such a wonderful feeling!

So for all of you asking yourself the question, “Should I take the CPCS exam?” If I can do it, so can you.

Much luck to you all!

STRESS MANAGEMENT

A lecturer, when explaining stress management to an audience, raised a glass of water and asked, "How heavy is this glass of water?" Answers called out ranged from 20g to 500g. The lecturer replied, "The absolute weight doesn't matter. It depends on how long you try to hold it. If I hold it for a minute, that's not a problem. If I hold it for an hour, I'll have an ache in my right arm. If I hold it for a day, I'll have to call an ambulance. In each case, it's the same weight, but the longer I hold it, the heavier it becomes."

He continued, "And that's the way it is with stress management. If we carry our burdens all the time, sooner or later, as the burden becomes increasingly heavy, we won't be able to carry on. As with the glass of water, you have to put it down for a while and rest before holding it again. When we're refreshed, we can carry on with the burden. So, before you return home tonight, put the burden of work down. Don't carry it home. You can pick it up tomorrow."

Whatever burdens you're carrying now, let them down for a moment if you can." *So, my friend, why not take a while to just simply RELAX. Put down anything that may be a burden to you right now. Don't pick it up again until after you've rested a while. Life is short. Enjoy it!* Here are some great ways of dealing with the burdens of life:

Accept that some days you're the pigeon, and some days you're the statue.

Always keep your words soft and sweet, just in case you have to eat them.

Always read stuff that will make you look good if you die in the middle of it.

Drive carefully. It's not only cars that can be recalled by their maker.

If you can't be kind, at least have the decency to be vague.

If you lend someone \$20 and never see that person again, it was probably worth it.

It may be that your sole purpose in life is simply to serve as a warning to others.

Never buy a car you can't push.

Never put both feet in your mouth at the same time, because then you won't have a leg to stand on.

Nobody cares if you can't dance well. Just get up and dance.

Since it's the early worm that gets eaten by the bird, sleep late.

The second mouse gets the cheese.

When everything's coming your way, you're in the wrong lane.

Birthdays are good for you. The more you have, the longer you live.

You may be only one person in the world, but you may also be the world to one person.

Some mistakes are too much fun to only make once.

We could learn a lot from crayons...

A truly happy person is one who can enjoy the scenery on a detour.

Have an awesome day and know that someone has thought about you today

Author Unknown

National Provider Identifier (NPI): Impact on Medical Staff Offices

The new National Provider Identifier (NPI) is mandated for all covered entity health care transactions after April 2007 – in short, for every claim, bill, eligibility determination, pre-admission approval, check and payment. It affects not only the hospital, but also every individual physician – employed, staff or referring – working with the hospital.

Every medical staff services professional grapples with their responsibilities related to the new NPI and how it will affect their medical staff and credentialing process. It is important to remember that the NPI was designed as a unique lifetime identifier for all health care providers – both individuals and entities. As such it will be essential for the successful implementation of Computer Physician Order Entry (CPOE); E-prescribing, and Electronic Medical/Health Record (EMR/HER) and the future interoperability of these new systems.

Before moving to some of the detailed issues the following is a refresher on NPI basics:

1. The NPI number is a 10-digit number (including check digit) with no logic. It does not identify the type of provider, services provided, licensure, location, payer contracts... nothing – it is just an identifier.
2. An individual will have one and only one NPI... There will be no new NPI's issued for different locations, services and types of providers.
3. It is assigned by the National Provider Plan Enumeration System (NPPES) designed by Center For Medicare & Medicaid Services (CMS) and operated for them under contract by an “enumerator” Fox Systems.
4. It will replace UPIN's, Medicaid numbers and all individual (and Organization) provider numbers assigned by payers today. Only a few numbers such as Tax ID and DEA numbers will remain as supplemental numbers.
5. Providers were able to apply for an NPI starting in May 2005 (approx. 375,000 individual provider NPI's and 65,000 organizational NPI's have been issued as of April 10, 2006)
6. NPI regulations and requirements were spelled out in the Federal register in January 2005 as part of HIPAA legislation.
7. NPI application can be via paper, a web interface or Electronic File Interchange (bulk for large volumes) after application to be an Electronic File Interchange Organization (EFIO).

Having an NPI will not:

- ensure that a provider is licensed or credentialed,
- enroll a provider with or guarantee payment from a health plan,
- turn a provider into a covered provider or
- require a provider to conduct HIPAA standard transactions.

The NPI rule makes the organization that bills – the hospital for admissions and ambulatory services – responsible for making sure that the individual provider's NPI is on standard transactions. As with many of the other payer and standard numbers (UPIN, DEA, etc.), that burden of initial collection for employed and staff physicians (and other providers – such as dentists, podiatrists, nurse anesthetists, advanced practice nurses, optometrists, etc.) falls on the medical staff office as part of the credentialing process.

Though CMS began accepting NPI's along with legacy numbers in standard transactions in January of 2006, some payers will not accept them yet. That will soon change over the next months. Some key dates to keep in mind:

- October 2006 – CMS will accept either an NPI alone or a legacy identifier for standard transactions.
- April 2007 – no legacy identifiers will be allowed on standard transactions to any payer.

Source: Folio's NPI Primer

E-Mail Communications

By Claudia Edwards, CPMSM

Electronic communication is fast with quick turnaround times, and it's convenient. It is more conversational than the traditional paper-based media. Those of us who took writing courses, particularly business composition, were taught the importance of making our words completely clear and unambiguous because the recipient might not have the chance to ask for clarification. We read and re-read our letters to ensure that we did not offend and that our message was clear. Email tends to be more conversational because if the recipient doesn't understand your first message, there is opportunity to immediately send back a comment/question. However, it is also very easy to become sloppier with our communications.

For short quick messages, such as "I'll meet you at 10:00 a.m.," or "Can we get together for lunch?" We need not worry about diction or facial expression though one must be cautious because email also does not convey emotions nearly as well as face-to-face communications or telephone conversations. There are no visual gestures, vocal inflection or shared environment to clue in the recipient as to whether your message is serious, happy, sad, or kidding. Sarcasm is particularly dangerous to use in email communications.

In the January/February 2004 issue of *The Lighthouse* Cheryl Schilke shared her thoughts about Email Etiquette with us. Before I go on with email tips that I'd gleaned off the Internet, I'd like to share a personal experience with you that exploded into **TOXIC** email, something about which I'm not very proud. I'd thought long and hard about this, and after pondering the episode for several months, feel it is worthwhile to share with you.

I had been working on a particularly difficult medical staff application in which I'd found numerous and significant omissions. The omissions were not the fault of the individual who had completed the application on behalf of the physician. Apparently, the physician did not feel that his numerous locum tenens assignments had to be listed on the application or the numerous state licenses he held. He listed only two licenses (one being Maine), yet held current licenses in eight other states. I had tried to expedite my verification process by using the AMA Physician Profile and Prime Source for board certification verification only to discover other omissions. Internet verification at each state medical board uncovered hospital affiliations not listed on the application. Consequently, I was into the fifth month on this application still trying to obtain answers to my questions. I felt I was communicating appropriately with my contact at this organization regarding the missing information - obviously not. So here is what happened...

First email from my contact: 'Hi Claudia, do you have any idea when the doctor will be privileged there?' Not wishing to become entangled in a volley of emails, I telephoned the contact person to explain the numerous omissions and to also explain that I was not going to pursue a 'hardnosed approach' but that technically the physician had submitted a fraudulent application. Instead I informed my contact verbally that I would continue sending back requests to clarify the information uncovered and continue verifying his credentials.

Second email from my contact's supervisor addressed to my contact and me but copied to several other people in the physician's employment group: 'Did you get a response???' Obviously, the question was directed at my contact but referenced me. Now let me ask you, do you really think three question marks were necessary? And, has anyone ever encountered the situation when you're in a room obviously being spoken about but the converser is directing his/her conversation to someone else? Well, that's what this one-liner emoted from me. I responded back hitting the "Reply All" button and then included additional recipients in my organization. I explained what information was still outstanding and that I had spoken directly with the physician who had assured me he would provide me with the information. (This was my big mistake. I should have gone to my supervisor in person to discuss the matter.)

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Other emails: My response set forth a series of emails back and forth, initially polite and then somewhat condescending toward me, reminding me of the applicant's prestigious credentials at other institutions (as a means to our granting temporary privileges. This person obviously doesn't know the DHHS requirements of fully verifying an application prior to the issuance of temporary privileges). Finally, this person sent a direct email to my supervisor, copying me and others in her organization and included the following text: 'It remains a continuing frustration for the group that as we bring physicians on board they are credentialed in a timely manner at our other sites, and your hospital is always a struggle.' The term 'always a struggle' was the clincher that made this TOXIC email.

I'm very fortunate that my supervisor appreciates the work I perform on behalf of my hospital. A statement like that had the potential for causing me professional problems. I discussed the matter with my supervisor, and I had to admit that the application had sat on my desk for the first five weeks, as I dealt with reappointments and a slew of CRNA locum tenens applications that took priority over the application from this group. The only other time there was a significant delay for this same group was around 9/11. Not only were there delays with mail, but also the physician involved had not given accurate information on his application about his recent malpractice carrier. The outcome of this sad encounter was positive in that I was able to hire an assistant for 16 hours per week to help me (an FTE analysis of the work done in my office showed that there was enough work for another individual at 24 hours per week). The lesson I learned is that, in the future, I shall not respond to emails of this nature again. I'm a protocol person. It's fine to communicate with one's contact person about application status, but once others try to involve themselves, it's time to turn the matter over to my supervisor. While this was a very upsetting situation for me, improvements were made in my work environment. I am also proud that I pay attention to detail. It's in pursuing the details that we uncover inconsistencies. We should never compromise the quality of our credentialing process.

EMAIL TIPS:

Now I would like to share the email tips I gleaned from the Internet regarding proper use of email. Since email is more conversational, one should include personal names in the addressee's name rather than the actual email address. This will personalize your message. The same is true with adding your name as the sender. Use sensible personal names, avoid jokes. As Cheryl noted in her 2004 article, you should identify the subject of your message clearly in the subject line. If you are involved in a series of back-and-forth messages and the topic eventually shifts considerably, change the subject line to match your response or, preferably, send a separate email.

Message Length, Content and Format:

- Match your message length to the tenor of the conversation. Quick query, then keep the message short and to the point.
- Stay on key to the subject as much as possible. If you drift off to another topic, consider sending a new message with a new subject line.
- Always use correct grammar and spelling. Email is communication. Poorly worded and misspelled messages are hard to read and potentially confusing. Electronic messages should not result in slipshod communications.
- Avoid sending messages in anger. Settle down; take a break before responding.
- Avoid the use of the CC function (carbon copy), particularly in the work environment. People are really busy and usually only a few people need to receive the message. Also, remember when you "cc" several people, all who receive the email can see each other's email address (by clicking on "properties").
- Fancy formatting in mail messages has the potential for problems if the recipient's software cannot support anything other than plain text.
- Avoid sending personal information through electronic communications, particularly credit card numbers.

Replies:

- Most of us use the "Reply" button but some of us do not. The "Reply" button captures the subject line for the

respondent; however, if you answer with a new message, please remember to include enough of the subject line so that the recipient can key in on your message. Nowadays many of us are swamped with emails. You want your message to be read.

- Include only the minimum you need from the original message for your response.
- Limit the use of requiring a receipt to only the important messages for which you need assurance the messages were received.
- Pay careful attention to where your reply is going. It can be embarrassing if your personal message goes to the wrong recipient (the intelli-memory feature of Microsoft is great, but can be embarrassing if you don't check the address that was automatically chosen!) I once sent a message intended for one group that went on to my direct investment plan at Duke Energy. I received an auto response from Duke that they would check into my query. I was so embarrassed!

Signatures:

A signature in email is a small block of text appended to the end of your messages and is a great means of identifying you along with your other contact information. Signatures, like everything else, can be subject to abuse.

- Your signature should identify who you are and include alternative means of communication (phone and fax).
- Keep the signature short, four to seven lines maximum.
- Some mailers enable you to add random strings to your name. This can add character if done correctly. Here are some basic considerations:
 - a. Keep it short. If you're adding a quote, keep it short. A 5,000 word excerpt won't win you any friends.
 - b. Avoid quotes which might offend people on the grounds of religion, race, politics or sexuality.
 - c. Avoid topical or local quotes since they might be meaningless to recipients in other towns.
 - d. Variable signatures are usually best if they are amusing. Polemical outbursts on politics or other such topics will turn most people off, but a one-liner that brings a smile can make someone's day.

Courtesy:

Email is communication and as such we need to remember basic courtesy:

- When asking for something, remember to say "please". And, if someone is doing, or has done, something for you, a "thank you" is in order.
- Don't expect an automatic answer. Your recipient probably is not ignoring you; s/he might be busy doing something else.
- There is no such thing as a secure mail system. Remember not to send very personal or sensitive information by email unless you have a reliable encryptor. And you need to remember that, not only could you be embarrassed if your mail is read by someone else, but the recipient could also become embarrassed if your mail ends up in "the wrong hands".
- Include enough information in your email. If you are asking a question to which you expect a response, make sure you include enough information for the recipient to "key in on". If you're contacting Technical Support and write "My software program isn't working". The technician won't know how to assist you. Remember to provide a detailed description of the problem, the version of the program, etc. On any follow-up communications, remember to include any tracking information, order numbers, etc. On a personal note, I have heard some of our members say they were surprised at the lack of responses to network emails. I have not responded to some of them myself because some of the questions were so vague as to require the recipient, if interested and with enough time, to have to respond back to ask the inquirer exactly what is it s/he is trying to learn. So, a quick check of what you're writing and trying to elicit is good practice.

Smiley Faces (Emoticons):

Because email is devoid of body language and is immediate, the Internet counter culture has developed "smiley faces" or groups of ASCII characters meant to look like a face turned on its side. These symbols are used to lighten the message or to convey the "body language" missing from regular email communications. Experts in email etiquette warn that overuse

of them destroys their value and warn that they should be used sparingly. Personally, I'm not educated about these emoticons and tend not to use them. But the following are probably the most commonly used:

- : - or :) A smiling face seen side-on, generally used to indicate amusement or that a comment is intended to be funny or ironic (“g<g>” or <grin> is also sometimes used).
- :(or ☹) An unhappy face seen side on; generally used to express disappointment or sorrow.
- ;-) A winking smiley face; usually indicates that something should be taken “with a grain of salt”
- ;-> A mischievous smiley face; usually indicates that a comment is intended to be provocative or racy.

Above all else, remember that electronic mail is about communication with other people. When you compose an email message, read it over before sending it and ask yourself what your reaction would be if you received it. Any time spent on making our email clearer is time well spent. When we converse, we expect other people to observe certain rules of behavior. The same is true online.

Sources: David Harris, *Writing Effective E-Mail* by Nancy Flynn and Tom Flynn, Kaitlin Duck Sherwood

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Education Committee Report

The next education session is scheduled for November 3 and will be held at St. Joseph Healthcare in Bangor. Remember, this session is free to members as we celebrate not only MSSP week, but 10 years of MeAMSS. A Yankee Swap will be held. Those wishing to participate should bring a gift in the \$5-\$7 range. Also, names of contributors to *The Lighthouse* will be included for a drawing at the November meeting. The prize is a free 2007 MeAMSS membership.

Names of Contributors to Date

- | | |
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