



IAMSS

KEYNOTES

“Your Key to the Future”

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President's Report—Jacqueline Buol

“April showers bring May flowers” or “When it rains, it pours.” We’ve all heard these phrases throughout our lives, but have you ever really thought about what they mean?

When I think of “April showers bring May flowers”, a positive, happy feeling comes to mind. All the rain falling from the sky prepares the seed and soil to combine to bring beautiful flowers for us to enjoy later. This could also correlate to recredentialing and reprivileging. We send out packets to our practitioners several months in advance and reap the rewards when the applications are returned in a timely fashion so that verifications can be completed and the practitioners presented to our various committees so they can continue to work at our institutions. These ‘clear pass’ practitioners are our ‘May flowers’, so to speak, that keep our jobs enjoyable and our office, clinic or hospital, etc. flowing along at a productive pace.

“When it rains, it pours.” Now this phrase brings a negative vibe to me. Once we have a few problems or have a few bad things happen to us, it seems the flood gates open up and all sorts of trouble comes pouring in. Here we thought we wouldn’t have to deal with the floods of 2008 again

in the near future and then Ames gets hit with all that water! Or, the dam gives way at Lake Delhi, sending tons of water rushing downstream, canceling the rest of the Jones County Fair, and Lake Delhi is no more!

You may have a few practitioners or tasks/projects you are working on at a steady pace when all of a sudden you find out a physician is at your facility ready to begin working and you don’t have any information on him. Or you are told you need to credential 40 teleradiologists and have a week to get it done. Now it may seem like it is pouring, but don’t dismay. Take a deep breath, take time to smell the roses and let the storm pass. Your IAMSS colleagues are only a ‘click’ or phone call away to help you get through your crisis.

As our summer winds down and fall is fast approaching, I hope you all had your own “May flowers” to enjoy, be it spending time with loved ones, cultivating friendships, relaxing vacations or had something positive happen to you in your profession. The Fall conference will be another hit! Brenda Becker has once again lined up some terrific speakers and I’m sure they won’t disappoint! I will see you in Ames on September 24th!



IAMSS Fall Conference

Don't miss the 2010 Fall Educational Conference: Friday, September 24th 2010 to be held at the Mary Greeley Medical Center in Ames, Iowa.

Donna Zulauf, Medical Staff Coordinator from Kadlec Medical Center will be available to talk to us about the Kadlec Negligent Credentialing Case and her first hand experiences. There will be an informal discussion regarding the Iowa Universal Application during lunch. Then in the afternoon Heidi Guttan-Fox and Julie Knutson will talk to us about Credentialing and Privileging Laws and recent cases.

NAMSS CONFERENCE

Taking Charge: Shaping the Future Together

October 2 – 6, 2010: Orlando
Florida

Online registration through NAMSS website opens in early May 2010.

Sharing Table.

At the Spring and Fall Conferences, a table is set up for people to share documents that they have found to be helpful or new forms that they have created.

Please make sure you check it out to see if there is anything that can be of use to you. In addition, if you have found or created a form, policy, process, etc that has been helpful to you, please plan on sharing it with the group.

Online Video Training for Orientation to the MEC, Credentials Committee, Peer Review and Quality Committee and for Department Chairs are available through the Greeley Company. For more information go to:
<http://www.greeley.com/medstaffleadertraining#order>

Online training for CPCS and CPMSM certification

Did you know that NAMSS has an online certification prep course? These are online courses that help you prepare for the certification exam(s). Go to the NAMSS website to learn more.



Helpful Web Sites

Here are some good (and free!) newsletters that members can subscribe to:

www.hortyspringer.com; Health Law Express-e-mail newsletter

When you get to their home page, click on "Health Law Library" then "Health Law Links". On the left side, click on "Join Health Law Express". This is a great resource for other credentialing items too, especially under the "Health Law Links" section, including finding state regulations, state statutes, reporting statutes by state, and peer review statutes by state.

www.namss.org; free NAMSS updates

When you get to their home page, click on "About Us" at the upper left and then click on "Sign Up for Free NAMSS Updates"

<http://blogs.hcpro.com/credentialing/>; CRC blog

When you get to this page click on the upper right area to "Subscribe-Get Updates Via Email"

www.hcmarketplace.com; free e-newsletters

including the CRC Connection, Medical Staff Leader Connection, and HC Humor (weekly cartoon) When you get to this page click on "Product Type" on the left side and then "Free eNewsletters". Click on "Credentialing/Privileging" and you can subscribe to the CRC Connection or the HC Humor. Click on "Medical Staff" and you can subscribe to the Medical Staff Leader Connection.

www.jointcommission.org; free newsletter (you can pick the specialty area you are interested in) When you get to this page scroll down to the bottom right where you see "Interested in Free E-Mail, Newsletters and Info". Then click on the area "Sign Up", and select the areas of interest.

www.bairdholm.com; free Health Law Advisory newsletter

When you get to this page click in the upper right on the "Subscribe to Our Newsletters" and complete.

Thanks to Kathy Szary for providing these web site addresses to us.

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A note from Connie Manny, Executive Assistant from Madison County Health Care System in Winterset Iowa.

"My first grandson, Zek Robert, was born on July 16th weighing in @ 7.7# and 20 ¾" long. My son Tyson and his Jenny are both doing great. (He is a real cutie too I might add!) This Sat., July 24th, my second oldest son, Clint, is getting married, so summer has been very busy for us!"

Teri Smith, Medical Staff Services Secretary at Regional Medical Center in Manchester Iowa was married on July 31, 2010 to Marcus Allan. She is the new Teri Allan.

Amy Osheim is the new Medical Staff Coordinator at Waverly Health Center as of June 1st. She won't stay Amy Osheim for long as she is getting married in November. Welcome Amy and Congratulations!!

Connie McLaughlin from Keokuk County Health Center shares her news:

"My son and his wife (Kyle and Brooke McLaughlin) had a baby girl (Reagan Elizabeth McLaughlin) 6 lbs 4 oz born on May 22, 2010. This is our fifth grandchild and we love spending as much time with them as we can".

Rose Mary Hunt is first time Grandma to:

Justin Mitchell Hunt

Born 8-12-10 @ 1640

7 lb. 1 oz.

20 inches long

Congratulations to Leah and Jaret!!!

Tobias Joseph Morlan arrived at 9:55 am on 8/23/2010, weighing in at 8 lbs, 5 oz and measuring 21 inches long.

Congratulations!
to all of you

E- Blast Spotlight

The following question was sent out as an e-blast to all committee members.

Who uses a Pre application process? Out of 30 responses there were 4 facilities that use the Pre App. process. Of those 4, 1 was planning to drop it and 1 did not use it for applicants who were recruited or who are employed.



Susan Weber, Medical Staff Coordinator at St. Lukes Hospital, was recently surveyed and shared the following with us:

1. For medical staff items he wanted to see the FPPE and OPPE policies, how our FPPE and OPPE process worked and didn't even look at the OPPE reports once he saw we had a policy and process in place. He asked if we had identified any quality issues with the new process, we discussed a few of the reviews that were in process at the time.
2. He wanted to know how we tracked verification of federally issued ID in person - showed him my check off list for orientation, he was fine with that. He did ask if we keep pictures of physicians on file – we showed him our picture directory book available to all staff members and he liked that a lot.
3. We currently print the Medicare B Exclusion listing and put that in the file to show that we have verified - he recommended that we blind all other names on the list except the physician whose file the listing is in. For the most part our physicians are not on the list so that would mean not having a listing in their files and I'm not comfortable that CMS would be ok with a checklist notation that we checked and the physician is not on the listing.
4. He also recommended that when sending an invoice for application fees to the offices with new physicians coming that the invoice only lists one physician name on it at a time for their files.
5. He asked when our bylaws were reviewed and what major items we changed. We discussed the changes made in anticipation of MS.01.01.01 and changes made to the corrective action sections.
6. He asked me to go through 5 files with him and show him verifications completed. Total time spent with him was 45 minutes.
7. He requested 40 files for review. They were a mix of anesthesia, general surgeons, orthopedics, cardiologists, emergency medicine, OB/GYN, ARNPs, PA, oral surgeons.

And Dorothy Bassell, RN from the Iowa Endoscopy Center had this to share:

"We were surveyed by Joint Commission in May 2010. The surveyor did not like it when I retrieved physician peer review information from an unlocked cupboard. He was OK with it when I showed him the physicians were identified by a number instead of their name. We have since installed locks on the cupboard."

Mercy Medical Center in Clinton Iowa was recently surveyed. Kimberly Gay reported the following:

The surveyor looked at the following areas:

1. Low Volume Provider
2. Privilege Lists-looked for core privileging. If no core, looked for core privileges and advanced privileges on the list to see what measures were looked at for verifying that the physician has experience doing those advanced privileges. Also wanted to see process for outlining clinical competencies for privileges (FPPE). Looked at senior members who have been here a while and may not have revised their lists for quite some time. Also looked at physicians who don't come here very often and also a PA to see if she had privileges to do H&P and post op note from assisting with surgery. Also had discussion about creating privilege lists to assure that you list procedures that your facility can support, the patient population needs it, and you have provider competence.
3. Initial Privileges. Peer Review Questionnaire – looked for name and specialty of peer, how long they knew applicant and time frame (i.e. 2006-2009), if applicant has skills to do privileges requested. Also looking to assure the reference is coming from a credible source.
4. Renewal of privileges. OPPE/FPPE – wanted to see FPPE and OPPE policies and looked at performance measures of data used by medical staff in recommending current competence. He stated that OPPE has been out since 2007 so hospitals should be doing something with these by now.
5. Temp/Additional Privileges/Expedited/Expansion of privileges. Wanted to see that primary source verifications were done with request for new or additional privileges. Also asked to see physician file of expedited process or temp privileges.
6. Disaster Privileging. Wanted to see the policy/procedure or where stated in Bylaws of provision for who can grant disaster privileges, condition of supervision of volunteers given disaster privileges.
7. Governance Documents

A Challenge from Member Judy Miller

Are you up to a challenge? We all know how valuable the IAMSS networking is... the spring and fall conferences and the e-blast networking. There is something so comforting about receiving input regarding credentialing issues in a matter of minutes, isn't there?

Several years ago, during a conversation with Kathy Szary from Grinnell, she mentioned attending a District G Credentialing Meeting. Kathy explained how those in her district had created a smaller version of our IAMSS conferences, sharing ideas and frustrations in their credentialing careers. It sounded wonderful.

I emailed area hospital Medical Staff Service personnel in our District C and got a great response. We held our first meeting in December 2008 at Buchanan County Health Center here in Independence. I can't tell you how valuable this group has been. Here are several comments from our District C Credentialing group members:

1. It's a great way to meet other professionals in our part of the state and put a face with a name. Our working relationships have been strengthened as we know each other on a more personal level, feeling comfortable to ask each other for help as well as offering support to others. No question is silly. It also gives us a little more "clout" within our own facilities if we can say "that's how they do it at _____".
2. We learn up-to-date changes and more efficient ways to do our daily tasks through these meetings and ongoing emails with each other. We've been able to discuss challenges that others in our job position are dealing with and working together to find a solution agreed upon for everyone's benefit.
3. Touring each other's facilities has given us opportunity to see how others work.

To best accommodate all members, we alternate quarterly meeting dates on the fourth Wednesdays and Thursdays. We have also invited other credentialing coordinators in the area to join our meetings (Radiology Consultants of Iowa, Physicians' Clinic of Iowa, and Emergency Practice Associates) and some credentialing coordinators from other districts have joined our group.

So, what's my challenge to each of you? Pick up the phone; call those Medical Staff Services personnel at hospitals in your district. Ask them if they are interested in becoming a part of a district credentialing group. We all need more support, encouragement, and friends in our jobs.

UI Clinical Staff Office Receives Continued NCQA Certification for All Verification Services

Officials at the University of Iowa Clinical Staff Office (UI CSO) announced they have been fully re-certified by the National Committee on Quality Assurance (NCQA) for 10 out of 10 verification services. Organizations may be certified by all, some or none of the 10 credentials elements addressed in the NCQA Standards. Those elements are:

- Application Processing
- Education and Training
- DEA Certification
- License to Practice
- CVO Application and Attestation Content
- Malpractice Claims History
- Medicare/Medicaid Sanctions
- Ongoing Monitoring of Sanctions
- Medical Board Sanctions
- Work History

Certification is not considered all-inclusive and pertains only to those elements reviewed as part of the NCQA CVO (credentials verification organization) certification process.

The CVO certification program was developed to eliminate duplication of effort and redundant oversight in the delegation of credentials verification activities. The primary benefit of the program is that the requirements for due diligence oversight of delegated activities outlined in the Credentialing standard 12 will be waived for each certification option for which the delegated CVO has achieved certification. CVOs that are certified have demonstrated that they provide the protections required by NCQA's standards, that they have developed a sound management structure, and that they monitor and are continually improving the quality of the services they deliver.

For more information about NCQA, visit www.ncqa.org.

The UI CSO provides valuable credentialing verification services for the UI's academic medical center, area acute care hospitals, managed care organizations (MCO's), and independent insurance reviewers across the state of Iowa.

The UI CSO confirms practitioners are qualified to seek and/or maintain managed care participation or hospital privileges.

The on-site survey was conducted May 24, 2010, resulting in NCQA re-certification, which is current through June 17, 2012. For more information about the UI CSO credentialing verification services, call 319-384-9292.

Congratulations to the UI Clinical Staff Office!

Responses from our Experts

The following question was posed to Amy VanMaanen with the Iowa Board of Medicine.

"I was hoping that you could confirm for me that this physician would NOT need to obtain an Iowa License. He will be here for two separate weeks for a research project. He will be working with one of our physicians on staff that will be ordering the labs and doing the follow up. I read the provision for licensure and it does not speak specifically to this situation".

Ms. Van Maanen's Response:

"This doctor would not need a license according to Iowa Administrative Rule 9.2(2)a(d) which states, physicians and surgeons who hold a current, active license in good standing in another US jurisdiction and who come into Iowa to participate in further medical education may participate in patient care and the request and supervision of the patient's Iowa licensed physician in charge of the education. The Iowa licensed physician shall retain the primary responsibility for management of the patient's care. There needs to be an Iowa-licensed physician involved, he cannot provide treatment, he cannot perform any invasive examinations or procedures and he cannot prescribe for the patient. He should inform all patients that he is not their treating physician."

A question was asked of Terry Witkowski at the Iowa Board of Pharmacy Examiners:

Can someone with the Iowa Board of Pharmacy advise me of the rules for locum tenens providing services at an Iowa hospital/medical center regarding the need for an Iowa CSA? I am wondering if you have an option similar to the federal DEA which states that "if the practitioner will be working solely in a hospital/clinic setting, they may use the hospital's DEA registration instead of registering independently with DEA if the hospital agrees and the situation warrants".

Ms. Witkowski's response:

A prescriber providing services at a location in Iowa, if those services include the prescribing, ordering, or administering of controlled substances, must have an Iowa Controlled Substances Act (CSA) registration. The prescriber may not use the registration of the hospital or clinic. The registration does not need to be issued to the address of the temporary practice location but must be issued to an address within Iowa.

Iowa CSA registrations are only issued to prescribers at Iowa practice locations. Iowa law requires that any prescriber involved in the prescribing, administration, or ordering the administration of a controlled substance in Iowa must have an Iowa CSA registration. DEA may be able to make the exception that you cited because the prescriber will have a DEA registration issued to a location within the US, and since the DEA is a federal agency they have authority over the prescriber and the registration regardless of the location of the prescriber's practice. However, the Iowa Board of Pharmacy does not have that authority or that option since registrations are issued only to prescriber's practicing in Iowa.

If you have something newsworthy come up through the year, send an e-mail to Becky at bpeitz@grhs.net and I will keep it in a folder until the next newsletter to be done this fall!

