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Issue

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(cpwilliams@oakhammock.org)
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Vacant: Call the office at 561/659-2167.

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Director of Organizational Development
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561/659-2167 • Fax: 561/659-1291

Message from the President



ome one, come all to the 21st Annual FADONA Convention & Trade Show to be held April 17–20, 2008.

Your FADONA board is excited to present to you a well-planned educational venue of speakers and topics for your pleased learning. Join us and network with other long-term care leaders in the industry while sharing best practices and tools for enhanced performance.

Not only will you be networking with the top leaders in the industry, you will also be exposed to a great lineup of vendors. Here is your chance to see and try products that will assist your residents in achieving the highest quality of life. I call it one-stop shopping: Great educational venue with CEUs to enhance your knowledge, and shopping for products to improve quality of care at the vendor show.

The FADONA board has worked diligently this year to set new goals to promote organizational growth and membership. We have traveled the state,

networking with corporate nurses, local FADONA chapters, and facilities, to establish dialogue on the benefits of joining FADONA. The board has also created new membership brochures and enhanced the website to assist you.

Our plan is working, as we see our membership growing every month. I challenge you as I have the FADONA board to bring one new member to the FADONA convention this year while sharing the excitement of "Carrying the Torch of Leadership."

Together, we make a difference.

See you at the FADONA convention in Orlando. Safe travels.

Contact your FADONA board members as a resource if needed. Remember to check out the FADONA website at www.fadona.org for additional information.

**Bonnie Cruz, RN, BSN, MED
President**



Bonnie Cruz

FADONA's Alliance Platinum Partners Fun Night Luau Sponsors Friday, April 18, 2008

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Regional Reports

**Regional
REPORTS**



Tina Shook

REGION I

Region I—Northwest

1A—Bay, Escambia, Holmes, Okaloosa, Santa Rosa, Walton, Washington; **1B**—Jefferson, Madison, Calhoun, Leon, Taylor, Franklin, Gadsden, Gulf, Jackson, Liberty, Wakulla

The Pensacola chapter continues to meet the third Wednesday of every month at 8 a.m. for morning brunch. **Melissa Courtney**, director of nursing services for all Delta Health Care build-

ings, is president of the chapter. She has worked hard, inviting vendors to sponsor the meetings and to present new and innovative products geared to the nursing home setting.

The chapter is also fortunate to have a quality monitor who is happy to be a speaker at some of the meetings.

The Emerald Coast Chapter president is **Holly Sinopoli, RN**. She is very energetic and motivated. If you want to get involved with FADONA in the Okaloosa/Walton county areas, she can be reached at The Manor at Bluewater Bay, (850) 897-5592. She has been making telephone calls to area nursing homes and inviting administrative nurses — so don't be surprised to hear from her.

If you would like to be added to our mailing/calling list, or want contact

information for your area, please e-mail me at twshook@bellsouth.net.

Tina Shook, RN
Region I Coordinator



CaCheryl Polk-Williams

REGION II

Region II—Northeast

2A—Hamilton, Lafayette, Alachua, Marion, Clay, Nassau, Suwannee; **2B**—Dixie, Union, Putnam, Baker, St. Johns, Columbia, Gilchrist; **2C**—Levy, Bradford, Duval, Flagler

Greetings from Region II!

It is that time again! The FADONA 21st Annual Convention & Trade Show! This year's theme is "Carrying the Torch of Leadership." It promises to be a very eventful and educational convention as always, focusing on leadership, the implemented QIS survey process, Advancing Excellence and more! If you have not registered for this convention, do so quickly; you would not want to miss it!

In December, a regional meeting focusing on the Jacksonville/St. Augustine areas was hosted by Eisai in St. Augustine, at the fabulous Columbia Restaurant. The topic was "Managing the Aging Mind in the LTC Setting." Thanks go out to **Doel Salcedo** and **Jenny Futral, RN**, for pulling this together. It was a very educational meeting.

In January, the Oak Hammock at UF facility in Gainesville volunteered to have a mock QIS survey done as a training tool for the surveyors as well as the facility. **Tamra Hassler, RN, DON**, stated that "this process was an awesome and very positive learning experience for everyone!" She also stated that the facility staff really felt

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involved and that they had a major part in the whole process! Ms. Hassler feels very strongly that any LTC facility would benefit from a mock QIS survey, and she recommends it highly!

Region 2A is still scheduling meetings for the third Thursday of every month, usually at a Gainesville facility. If anyone would like to host a meeting at their facility, please give me a call! Membership focus is still on Region 2C, the counties of Levy, Bradford, Duval, and Flagler. Anyone in these counties interested in hosting this area's group meetings may also contact me. I am requesting that someone from the NEFADONA group contact me. I would like to attend one of the area's meetings!

Enjoy the convention in Orlando — see you there!

Keep the LTC question calls coming!

Feel free to contact me at (352) 548-1121; Fax: (352) 548-1117; or e-mail: cpwilliams@oakhammock.org.

CaCheryl Polk-Williams, RN
Region II Coordinator

Region III—Centraleast

3A—Lake, Osceola, Orange, Seminole
3B—Volusia, Hardee

This region is currently being reorganized. If you wish to become involved or are interested in serving on any committees, please call the FADONA business office at (561) 659-2167.



Jean Nelson

REGION IV

Region IV—Centralwest

4A—Hillsborough, Pinellas, Highlands, Polk
4B—Hernando, Sumter, Citrus, Pasco

Region IV has been having increased attendance at the meetings in

Pinellas and Hillsborough counties. The meeting held in Pinellas County on Tuesday, Feb. 12, had more than 90 attendees. **Pat Reed Cauffman** from AHCA was the guest speaker. The meeting in Hillsborough County on Tuesday, Feb. 26, was hosted by John Knox Village. There were more than 40 attendees. The guest speaker was **Rawsi Williams, RN**, who did an excellent job. One contact hour was provided.



I am sure we have all been busy in our facilities. But this is a great opportunity for all of us to get together, network, and hear the latest information in our industry. It's such a great time to meet new people.

Region IV would like to encourage all readers to find out where your local meetings are being held. It is very important for directors of nurses and other long-term care nurses to be a part of our local association. This is a time to network and share the new "things" in your area.

Listed below are the local chapters, their officers, and meeting times/places:

Hillsborough & Pasco counties

The chapter officers are

1. Hillsborough/Pasco

- ~ **Carla Russo**, president, (813) 960-1969
- ~ **Jenna Baruta**, treasurer, (813) 968-5093

The Hillsborough/Pasco DONs are meeting monthly on Tuesdays:

March 25, 1 p.m., Carrollwood Care Center on Hutchinson Road.

April – Please join us at our Annual Convention in Orlando!

May 27, 1 p.m., Health Care of Plant City

June 24, 1 p.m., Lakeshore Villas Health Care Center

July 29, 1 p.m., Town & Country Hospital

Please contact **Carla Russo**, president, (813) 960-1969, at Carrollwood Care Center, if you have any questions or would like to sponsor a meeting.

Continued on page 6

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Regional Reports

Continued from page 5



2. Tri-county (Polk, Hardee, Highlands)
 ~ **Sandy Kenyon**, Haines City HCC, (863) 422-8656. Sandy is trying to get this area together again. Please call her cell phone (863) 632-6367.

3. Pinellas/Pasco PCFADONA
 ~ **Liz Raymond**, president, (727) 235-3284, nurseraymond@yahoo.com
 ~ **Cathy Desroches**, RN, DON; vice president, (727) 235-3284.
 ~ **Joan McCabe**, secretary, (727) 302-3736, quality@dolphinview.com
 ~ **Meg Nielsen**, RN, treasurer, (727) 395-9619, RM@Largorehab.com
 ~ **Phyllis Coleman**, immediate past president, (727) 874-8647
 ~ **Annabelle Locsin**, membership chair, aLocsin@menorahmanor.org
 ~ **Robin Bleier**, 1st vice-president, FADONA – Local Chapter Liason (727) 786-3032, robinbleier@yahoo.com

PCFADONA's – Three partners that help with distribution of meeting information:

- ~ **Robbie Williams** – Mobile Ultrasound, robbielwilliams@yahoo.com
- ~ **Matt Depenbrock** – Guardian Pharmacy, matt.depenbrock@guardianpharmacy.net
- ~ **Pam Johnson** – PharMerica, pbj4211@pharmerica.com

PCFADONA meetings are held the second Tuesday of the month at 6 p.m. at Banquet Masters on Park Boulevard. The cost is \$20, which includes the meal, speaker, and CE.

If you will send me your e-mail address, I will be happy to include you in our fliers.

You can contact me at (813) 367-7321(w), (813) 949-1579(h), FAX: (813) 676-0127, or e-mail at JNELSONDON@MSN.COM, or jeannelson5@verizon.net.

Jean Nelson, RN-BC
 Region IV Coordinator



Cheryl Chmielewski

REGION V

Region V—Southwest
5A—Manatee, Charlotte, Collier
5B—Desoto, Lee, Sarasota

Region V needs your help. If you wish to become involved or are interested in serving on any committees, please contact Cheryl at cchmielewski@greystonehcm.com, or (813) 635-9500.

Cherrl A. Chmielewski, RN
 Region V Coordinator

Continued on the next page



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Region VI—Southeast

6A—Dade, Monroe, Broward, Palm Beach

6B—Brevard, Indian River, St. Lucie, Martin, Okeechobee;

6C—Hendry, Glades



We need your help to re-energize Region VI. If you are interested in helping out, or know someone you think would be a great asset, please contact **Ian Cordes** at the FADONA business office at (561) 659-2167.

Here is the following local chapter contact information:

1. **Indian River County** — The first scheduled meeting for the new year was on Jan. 9, 2008, at Royal Palm Convalescent.

We invite you to attend our next meeting by calling **Nancy Henderson** for details. She is the local chapter president, and she can be reached at (772) 288-0060.

2. **Brevard County** — **Mary Oktar** at Island Health and Rehab. is the chapter contact. She can be reached at (321) 453-0200. Please call her to see how you can get involved.

3. **Palm Beach County** — **Deborah Grotke** at (561) 588-4333.

The Palm Beach County DON Association continues to meet monthly on the third Wednesday. We have a small but active group of members and associate members. These meetings allow us to network and share valuable information with our fellow nursing administrators and associates. This in turn helps to increase the quality of care that our facilities can provide to our residents and supports our efforts to be survey-ready.

4. **Dade County**—**Rosemary Szinyava** (305) 258-2222. This chapter meets monthly. Please call Rosemary for the time and location.

If you have any questions or suggestions, please contact **Ian Cordes** at the FADONA business office at (561) 659-2167, or e-mail: icordes@bellsouth.net.

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Convention Corner: Best Program Ever

By Robin A. Bleier, RN, LHRM, FACDONA; FADONA 1st Vice-President/Conference Chair

We are so excited about our conference plans this year. While we have enjoyed outstanding speakers, amazing themes, and great evaluations in previous years, we always strive for bigger and better. Well, this year we think we have come up with a variety of changes and opportunities to make the April 2008 conference a year to remember!

As you already know, the theme for this convention is "Leadership" and we have crafted a host of excellent speakers and sessions around that. In addition, we have some great clinical topics to keep us up-to-date on the latest information and best practices available.

Our second approach is that we will be hosting a group of senior clinical nurse administrators from the top nursing homes and nursing home chains in the state for a 3-hour, intensive Think Tank. Because of the nature of the format, we have had to restrict participation to invited guests only. The



Robin Bleier

1ST VICE-PRESIDENT

Think Tank will explore the characteristics of nursing leadership in general, as well as the operational challenges we all face in SNFs. Hopefully, Mary Tellis-Nayak, the facilitator, will be able to report the results of the Think Tank during her keynote address at the Annual Awards Luncheon on Friday.

We are so thankful for our loyal partners. Our Alliance Council is made up of service providers who help us

complete our jobs. This year, FADONA established a new category for this esteemed group — **Alliance Platinum Partners**. This special group of individuals and their organizations will be instrumental in the success of the convention; in particular, they are sponsoring the Fun Night Luau. We are very appreciative of this special group as well as our entire Alliance Council and the more than 80 exhibits participating this year.

This year's trade show is spread over three days to allow for more one-on-one time. Educate yourselves and the exhibitors about what your needs are and where they can best support you.

If you have any questions, please do not hesitate to contact me at robinbleier@yahoo.com or Ian Cordes, director of business development, at the FADONA business office at (561) 659-2167.

See you all at the convention!

Robin A. Bleier
Robin

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Eisai ~ Educational Session

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FADONA Region I ~ Emerald Coast ~ Coffee Break

FADONA Region IV ~ Coffee Break

FADONA Region IV ~ Sunday Breakfast

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Carrying the Torch of Leadership

21st Annual Convention & Trade Show

Buena Vista Palace Hotel & Spa, Lake Buena Vista • April 17–20, 2008

Wednesday, April 17

5–6:30 p.m. Registration & Information

Day 1: Thursday, April 17

7 a.m.–5:00 p.m. Registration & Information

7:15–8:15 a.m. Continental Breakfast

Florida MANDATORY Licensure Update Courses

7:45–9:45 a.m. **Preventing Medical Errors** with **Vincent P. HSU, MD, MPH**; Medical Director, Patient Quality & Safety & Infection Control, Florida Hospital, Orlando

9:45–10:45 a.m. **HIV/AIDS Update** with **Cathy Robinson Pickett, BS**

10:45–11:45 p.m. **Domestic Violence** with **Cathy Robinson Pickett, BS**

These educational programs have been approved for continuing education for physicians, nurse practitioners (FL Board of Nursing Provider number FBN3192), licensed nurses (FL Board of Nursing Provider number FBN3192), and nursing home administrators (CEUs through Florida Health Care Association).

Physicians: The Florida AHEC Network is accredited by the Florida Medical Association to provide continuing medical education for physicians. The Florida AHEC Network designates this educational activity for the maximum AMA PRA Category 1 Credits™ as shown below. Each physician should claim credit commensurate with the extent of their participation in the activity.

Preventing Medical Errors – 2.0 hours

HIV/AIDS – 1.0 hour

Domestic Violence – 1.0 hour

12–1:30 p.m. Lunch & Presentation

Treatment of Anemia in Long-Term Care: Essentials for Appropriate Patient Care

~ **Eric G. Tangelos, MD, FACP, AGSF, CMD**; Professor of Medicine, Co-Director, Robert and Arlene Kogod Program on Aging, Mayo Clinic College of Medicine, Rochester, MN; Past President, American Medical Directors Association

— Supported by educational grants from **Amgen** and **Ortho Biotech**.

2–4:30 p.m. **B.A.D. Leadership & Team-Building Boot Camp**

~ **Robin Arnica, RN, CDONA**; Director of Nursing, Frederick Villa Nursing Center, Baltimore, MD; and President, Maryland Chapter of NADONA

5–6:30 p.m. Open Trade Show with Ribbon-Cutting Ceremony

7–8:30 p.m. Dinner & Presentation

Best Practices in the Management of Dementia in Long-Term Care Patients

~ **Larry Tune, MD, MAS, FAPM**; Professor, Department of Psychiatry and Behavioral Sciences; Medical Director, Psychiatry Inpatient Services, Wesley Woods Hospital; Vice Chair, Investigational Review Board, Emory University School of Medicine

— Supported by an educational grant from **Eisai**.

Day 2: Friday, April 18

7 a.m.–5 p.m. Registration & Information

7:45–9 a.m. Breakfast & Presentation

Alzheimer's Disease in Long-Term Care

~ **Anthony DePaola, MD**; Medical Director, Sussex County Homestead Nursing Home; Vice President, Sparta Medical Associates; Attending physician, Dept. of Internal Medicine, Newton Memorial Hospital, NJ

This is a non-CE, industry-supported program.

9:15–10:45 a.m.

Official Opening of Convention

Welcome by FADONA President Bonnie Cruz Advancing Excellence

~ **Nina Willingham, CNHA**; Senior Executive Director, Life Care Center of Sarasota; Member of FHCA's Quality Foundation Board

~ **LuMarie Polivka-West**, Chief of Clinical Operations, Florida Health Care Association

11 a.m.

Quality Customer Service:

Leaders Setting the Example

~ **Linda McClamma, RN, NHA**; Senior Vice President for Housing, MorseLife, Inc.

12:45

–2:45 p.m.

Annual Awards Luncheon & Keynote Speaker

~ **Mary Tellis-Nayak**, Vice President, My InnerView, will present ***The Value of Nursing Leadership***

Luncheon Co-sponsors ~ American Health Associates & Watson Pharma

2:45–4 p.m.

Trade Show Open

4:15–5:15 p.m.

Legislative Focus on Long-Term Care: 2008 Legislative Session Update

~ **Mary Ellen Early**, Senior VP of Public Policy, Florida Association of Homes & Services for the Aging

5:30–7 p.m.

Trade Show Open

7:30–10 p.m.

Poolside FUN NIGHT Luau

— Dinner sponsored by the **Alliance Platinum Partners**

— Entertainment sponsored by

American Medical Technologies

Continued on the next page

Day 3: Saturday, April 19

- 8 a.m.–5 p.m. Registration & Information
- 8–9 a.m. **Regional Roundtable Discussions & Breakfasts**
- 9–10 a.m. **Clinical Critique for the Administrative Nurse Leader**
~ **Kim Pero**, Regional Director of Operations, Greystone Healthcare Management
- 10:15 **The Nursing Shortage Experience of Florida's Long-Term Care Facilities**
–11:15 a.m. ~ **Jennifer Nooney, PhD**; Associate Director, Florida Center for Nursing
- 11:30 a.m. Trade Show & Door Prizes
–1:45 p.m. **Lunch:** Available for purchase from 12:45–1:30 p.m., with beverages provided by FADONA.
- 2–4 p.m. **How to Use & Maximize Your Quality Measures & Quality Indicators**
~ **Patches Bryan, BSN, RN, NHA, CDONA/LTC**; Chief Executive Clinical Officer, Greystone Healthcare Management
- 4:15 **Proper Wound Care (F314): Best Practices for Assessments & Documentation**
–6:15 p.m. ~ **Heather Hettrick, PT, PhD, CWS, MLT, FACCWS**; Director of Clinical Education, American Medical Technologies, Inc.

- 7–8:30 p.m. **Management & Treatment of Chronic Plaque Psoriasis in Long-Term Care**
~ **Michael J. Bond, MD**; Medical Director and Primary Investigator at Advanced Dermatology and Cosmetic Surgery in Clermont, Fla.

— Supported by an educational grant from **Abbott Laboratories**.

Day 4: Sunday, April 20

- 8–9 a.m. Continental Breakfast
~ Sponsored by **FADONA Region IV**
- 8:30–10 a.m. **QIS Florida Roll-Out Update & Regulatory Impact**
~ **Polly Weaver**, Chief, Bureau of Field Operations, Florida's Agency for Health Care Administration
- 10:15 a.m. **Putting QIS into Perspective**
–12:15 p.m. ~ **Cindy Mason, LCSW, NHA**; Vice President for Provider Services, Nursing Home Quality
~ **Carmen Shell, RNC, CDONA/LTC**; Vice President of Clinical Services, Morselife, Inc.
- 12:15 p.m. End of Convention

— Note: Sessions and speakers are subject to change.

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2008 FADONA Convention Registration Form

Please be advised: If you are not a member, join now at www.fadona.org or call the business office for an application and mail it directly to NADONA (attach and mail a copy of the form and accompanying payment along with this form to FADONA). Registration forms without fees cannot be processed.

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Good Care Makes Money

By Robin A. Bleier, RN, LHRM, FACDONA; FADONA 1st Vice-President

Quality clinical services include optimum information gathering and clinical risk assessment. This is shown to be a key aspect of reimbursement using the resident assessment instrument (RAI) and process. As you may recall, the minimum data set (MDS) uses 108 questions to create the resource utilization group (RUG) for Medicare reimbursement through the prospective payment system (PPS).

Appropriate coding on the MDS for these questions, as well as the remaining MDS items, is an important aspect of the clinical risk assessment process as well as securing the appropriate maximum reimbursement by following the guidelines set forth in the RAI manual.

Ensure that the hospital information is received the day of the resident's admission. It is suggested that your admissions representative request at least the last seven day's medication/treatment administration records (M/TARs) as well as the physician orders. This is also important for residents that were discharged from the hospital to private home or assisted living facility and then admitted to your facility within seven days from the date of hospital discharge.

Here are a Few Tips....

- The 5-day and the 14-day MDS Assessment Reference Date (ARD) should be established after a review of the hospital records. Please avoid preset dates as they are noted as one of the leading causes of lost revenue.

- The MDS coordinator must review the hospital records for Extensive Services:

- IV fluids
- IV medications
- Suctioning
- Tracheotomy care
- Ventilator/Respirator

Remember:

- IV fluids can be coded for seven days after being discontinued with the discharge date being day one (MDS manual: Chapter 3, page 155).

- IV medications can be coded for 14 days after being discontinued with the D/C date being day one (MDS manual: Chapter 3, pages 183-184).

- Suctioning can be coded for 14 days after being discontinued with the D/C date being day one (MDS manual: Chapter 3, pages 183-184).

- Tracheotomy care can be coded for 14 days after being discontinued with the discharge date being day one (MDS manual: Chapter 3, pages 183-184).

- Ventilator/Respirator can be coded for 14 days after being discontinued with the discharge date being day one (MDS manual: Chapter 3, pages 183-184).

- After determining the "end date" (the last day you can capture an Extensive Service), the MDS Coordinator should then establish the optimum Assessment Reference Date (ARD).

- Be sure to capture both the IV fluids and IV medications if you can. The IV fluids can give you two extra ADL Index Score points by coding MDS Section K5a, then code section G1h a 3/2, which could mean the difference of up to \$100-plus dollars a day (MDS Manual: Chapter 6, page 10).

- Whenever appropriate and able, include the day of admission included in the 7-day look-back of the 5-day ARD.


The Devil is in the Details...

Please be sure to pay careful attention to written directions, as another source of financial loss is not doing so. For instance, the 7-day look-back period is 24-hours a day for seven days — NOT 21 shifts in seven days. This can have a strong and negative financial impact when incorrectly

completed. Another area that is often missed, resulting in significant financial loss, relates to activities of daily living (ADLs). You may note that the last letter of the RUG-A, B, C, L, and X. As each letter goes up the scale, this also means more revenue. As you may recall, the scores are determined by the "Late Loss ADLs," which are typically frequently miscoded during reviews. They are calculated from Section G1 a, b, h and I of the MDS and include:

- G1a is Bed Mobility
- G1b is Transfers
- G1h is Eating
- G1i is Toileting

In Closing

Good care is proven to support enhanced reimbursement, and better care really does make more money. 

Robin A. Bleier, RN, LHRM-FACDONA, is the principal of RB Health Partners, Inc., a clinical risk consulting firm. For more information, contact Robin Bleier at (727) 786-3032, or e-mail robinbleier@yahoo.com.

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The NPI is Here. The NPI is Now. Are You Using it?

Effective March 1, 2008, all 837P and CMS-1500 claims must have an NPI or NPI/legacy pair in the required primary provider fields. Failure to include an NPI will cause claims to reject!

Background

One of the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) required the Department of Health and Human Services (HHS) to establish unique national identifiers for providers. The purpose of these provisions was to improve the efficiency and effectiveness of the electronic transmission of health information.

On March 1, 2008, Medicare claims submitted by physicians and other practitioners, laboratories, ambulance company suppliers, DMEPOS suppliers and others that bill Medicare are

required to include the new National Provider Identifier (NPI).

Providers must use this information when they submit their claims to Medicare carriers, A/B Medicare Administrative Carriers (MACs), and DME MACs when they use certain electronic and paper Medicare claims.

Hospitals, skilled nursing facilities, home health care agencies and other such institutional providers were required to begin using their NPI beginning on Jan. 1, 2008.

The deadlines for submitting Medicare claims using the NPI are necessary to help the Centers for Medicare & Medicaid Services (CMS), the Medicare contractors and health care providers prepare for the final May 23, 2008 deadline for full NPI compliance.

Contact information for the Medicare contractors can be found at www.cms.hhs.gov/MLNGenInfo/

under "Downloads." The file is named "Provider Call Center Toll-Free Numbers Directory."

Medicare Risk Mitigation

CMS and the Medicare contractors are taking aggressive steps to ensure that providers will be paid for treating Medicare beneficiaries after March 1.

Each contractor has created an NPI Coordination Team to quickly identify and resolve claims processing issues related to the submission of the NPI or NPI-Legacy combination, expedite the processing of enrollment applications, and address other issues that may arise.

CMS has implemented temporary measures to allow Medicare contractors the time to address some of the backlog issues, but at some contractors, more work is needed.

Continued on the next page



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Continued from the previous page

The Future – May 23, 2008

With May 23, 2008, a few months away, CMS and the Medicare health care providers must make sure they are ready for full NPI implementation. Providers must be certain their NPI information and Medicare enrollment information is accurate and up-to-date before that date. If providers' claims are being successfully processed with NPI/legacy pairs, now is the time for them to begin testing claims using only the NPI. Doing this testing now will allow time for any needed corrections prior to the May 23, 2008 deadline, when claims must include the NPI only.

What to Do if Your Claims are Rejected

Check your record in the National Plan and Provider Enumeration System (NPPES). If these claims are still rejecting, call your Medicare contractor.

If you have been submitting claims

with both an NPI and a Medicare legacy number and those claims have been paid, you need to test your ability to get paid using only your NPI by submitting one or two claims with just the NPI (i.e., no Medicare legacy number).


If the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will reject. You can and should do this test now! If the claim is processed and you are paid, continue to increase the volume of claims sent with only your NPI. If the claims rejects, go into your NPPES record and validate that the information you are sending on the claim is the same information in NPPES. If it is different, make the updates in NPPES and resend a small batch of claims 3-4 days later.

If your claims are still rejecting, you may need to update your Medicare enrollment information to correct this problem. Call your Medicare carrier, FI,

or A/B MAC enrollment staff or the National Supplier Clearinghouse for advice right away. Have a copy of your NPPES record available. The enrollment telephone numbers are likely to be quite busy, so don't wait.

Need More Information?

Still not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found through the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at (800) 465-3203.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the www.cms.hhs.gov/NationalProvIdentStand CMS webpage. 

New Geriatric Nursing Leadership Academy Established

The Honor Society of Nursing, Sigma Theta Tau International, recently announced that it is accepting applications to the first national Geriatric Nursing Leadership Academy (GNLA). The academy will develop the leadership skills of nurses at key health care institutions to improve care of older adults across the United States.

The honor society is collaborating with the John A. Hartford Centers of Geriatric Nursing Excellence, located across the United States, to implement the Geriatric Nursing Leadership Academy. With a \$1.6-million grant from The John A. Hartford Foundation to Sigma Theta Tau International Foundation for Nursing, the honor society and The Hartford Centers of Geriatric Nursing Excellence over the next three-and-a-half years will implement two academy classes that will prepare nurses to:

- Create and effectively lead inter-professional teams to improve geriatric health care practice outcomes,
- Influence geriatric health care practices within a variety of settings,
- Improve geriatric health outcomes through leadership and enactment of evidence-based care, and
- Disseminate "lessons learned" in leadership development to improve health care and care of older adults.

The grant also allows the honor society to form a national network of leadership mentors to prepare a pipeline of change agents focused on improving health of older adults and to disseminate geriatric leadership and scholarship resources for nurses.

During the academy, participants work with mentors to develop a project that cultivates the participant's leadership competency and skills.



Additionally, faculty members from an established clinical or academic geriatric center oversee each participant's project. Over 18 months, each academy class provides:

- A 4-day leadership workshop for mentors and mentees,
- Monthly online learning activities and discussion groups,
- Two 1-day facilitated site visits by the faculty facilitator with the participant, mentor and their project team,
- A 3- or 4-day project implementation and evaluation workshop, and
- Project presentation at the honor society's biennial convention in 2011.

Nurses are eligible to apply for the academy if they have a bachelor of science or higher degree in nursing, have demonstrated knowledge and competence in geriatric nursing and are working in settings providing care to older adults.

The deadline for applications is April 11, 2008. For an application and more information about the GNLA, please go to www.nursing.society.org/LeadershipInstitute.

According to NADONA President Sherry Dornberger, a member of GNLA's Advisory Committee, "Members of NADONA should consider applying for the Leadership Academy, either as a mentor or as a participant. Having many NADONA member participants would be excellent for this leadership program!"

For additional information, please visit the Sigma Theta Tau International website (see URL above) or contact **Mary Rita Hurley**, director of this Leadership Institute, at (317) 634-8171, fax: (317) 634-8188, or e-mail: GNLA@stti.iupui.edu.

"This is an excellent opportunity that is available even if you are NOT a member of Sigma Theta Tau," added Dornberger.

FADONA's A

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Early Intervention Is The Way To Go

By Karen Goldsmith, JD; Goldsmith Grout & Lewis, PA

The survey process, whether it be QIS or the “old way,” is like dealing with a very compromised resident. Early intervention is critical, and that is true now more than ever. I have spent the last few days in a long-term care update program sponsored by the American Health Lawyers Association. This is the 28th consecutive year I have attended this program and, as usual, it is great!



Karen Goldsmith

One thing I learned is that the federal appeals process just does not work for providers (as if I did not already know this). It is a system that grossly favors CMS. We reviewed a number of cases at this conference. Of approximately 70

that I looked at over various seminars, only three were decided in favor of the provider. Oh, in various cases there were a couple of deficiencies overturned, but even in those cases, the relief afforded the provider was minimal or nonexistent. In one case, the administrative law judge actually added two deficiencies to the survey!

CMS is proposing to change the rules to make it even harder for a provider to win a federal appeal. That is not much incentive for the feds to settle.

State appeals are more fair to both sides. In state appeals, the surveyors must prove the deficient practice, and the provider must defend against that proof. Those cases are much more

evenly decided.

At this time, it is more important than ever to overturn deficiencies. We all have heard about the special focus facilities (SFFs). SFFs are chosen through a process by which CMS looks at the outcomes of surveys via OSCAR data and compiles a list of 15 facilities per state. Each state agency then chooses from that list those facilities which, based on its experience, it believes need special attention — thus special focus facilities. SFFs get 6-month rather than annual surveys and can graduate or be terminated. Sanctions may be imposed without an opportunity to correct. SFFs probably are already on the 6-month cycle as a result of surveys, so that does not change, but increased scrutiny and the threat of decertification hanging over your head daily — that is pressure!

When a facility “graduates” from the list, the state must add another one.

It is best not to get on the original list, so check your OSCAR data to be sure it is up to date. We know of at least two facilities that were listed inappropriately because their data was not changed after IDR.

Given the fact that the odds are overwhelming that you will lose at a federal administrative hearing, it behooves you to state your case at the time of survey or shortly thereafter. When you get notice that there is a significant deficiency pending, gather your information and go to the surveyors with it. If they do not agree with your analysis, then go to the area office. Once the tag becomes part of your 2567, it is very hard to get it off.

Preventing the deficient practice is the best way to avoid a tag. From the cases I reviewed at the seminar, I learned that some of the judges only want to see contemporaneous documentation that you tried an intervention or recognized a risk. Educate your staff on the right way to document and the

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importance of documenting as you go, not relying on late entries.

I have called a violation of your own policies the “deficiency du jour,” that is, a deficiency that would not exist if you had not put the practice in a policy, which was violated. One judge has held that a mere violation of your own policy, when it does not specifically violate a regulation, does not create a deficiency. Another has held that if you felt a practice addressed a certain issue (e.g., falls) and put it in a policy, then that is recognition by you that the intervention you put in policy should be followed. Inconsistent? Sounds like it to me. The lesson to learn, is if you put it in a policy, follow it!

Last year, CMS issued its guidance for determining the scope and severity of a deficiency when the resident is harmed emotionally or psychologically. This guidance includes the concept of the “reasonable man.” The reasonable man standard is applied when the

resident is unable to articulate or show the degree of psychological impact of the practice. Psychological harm can be used in conjunction with all of the potential deficiencies. If in the survey process you have a resident who is particularly dramatic or overly-sensitive, you should argue that the reasonable man standard, not the resident’s enhanced sensitivity, should be applied to determine scope and severity. It is worth a try and certainly a viable argument.

I am working on determining whether the law requires CPR even when a nurse determines that the resident is clinically dead. If you have any ideas or experience with this subject, please share it with me. 

This column is a regular feature of **FADONA Focus**. If you have a subject matter that you would like to see discussed, please e-mail Karen Goldsmith at klgoldsmith@cfl.rr.com.

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Scholarships Available

FADONA currently has scholarship funds — including the Imogene Ward Nursing Scholarship Award — available for eligible applications. If interested, please go to www.fadona.org, or call the business office at (561) 659-2167.

Cruz Appointed to Nursing Workforce Committee

Ana Viamonte Ros, MD, State Surgeon General, announced on March 5: "I am pleased to appoint FADONA President Bonnie Cruz to serve on the Nursing Workforce Ad Hoc Advisory Committee."

Cruz's one-year term will begin on March 28, 2008, and will expire on March 31, 2009. As a committee member, she will work closely with the department to identify and prioritize nursing workforce issues and assist in the



Bonnie Cruz

development of strategies to address current and projected workforce needs, including but not limited to the following:


- Appropriateness of changes to statutes and administrative rules related to nursing workforce development;
- Suggestions for legislative priorities and policy development related to nursing workforce issues, particularly those dealing with public health or access to care;

- Strategic planning related to the nursing education pipeline and nursing incentives;

- Collaborative work with other health professions, including physician and oral health; and

- Feedback to the State Surgeon General on the progress and performance of the Nursing Workforce Ad Hoc Advisory Committee.

The Committee will also provide continued technical support and expertise to the department related to nursing workforce and health practitioner development, outreach, education, strategic planning, and expansion and will act as a clearinghouse for information specific to addressing the Florida nursing workforce shortage.

Dr. Ros added, "I look forward to Bonnie's contribution to the committee and its continuing efforts to improve the health care workforce in Florida." 

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