

NEW YORK STATE ASSOCIATION MEDICAL STAFF SERVICES
POLICY AND PROCEDURE MANUAL
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MISSION STATEMENT

The mission of the New York State Association of Medical Staff Services is to increase recognition of the value and importance of the Medical Staff Services profession by:

- A. Enhancing the skills and general competence of practicing Medical Staff Services Professionals.
- B. Assisting members of the Association to understand, and succeed in, the changing organizational structure of the health care industry.
- C. Promoting a positive, powerful and professional image for the Medical Staff Services profession and for the Association itself.

DUTIES AND RESPONSIBILITIES BOARD OF DIRECTORS

The duties and responsibilities of the Board of Directors of NYSAMSS shall be as follows:

- A. Review and revise, as needed but no less than every two (2) years, the Goals, Objectives, Strategies, Mission Statement and Bylaws of the Association.
- B. Make policy decisions for the Association, with areas of exception as outlined in the NYSAMSS Bylaws
- C. Adopt policies and procedures, as needed, for the New York State Association of Medical Staff Services and its Board of Directors
- D. Review and revise the Policy and Procedure Manual as needed but no less than every two (2) years.
- E. Review and approve all reports of the Standing Committees to include, but not limited to Bylaws and recruitment.
- F. Carry out any assigned duties for either the Annual Educational Conference or the NAMSS Conference

If a member of the board leaves the Medical Staff Services profession, he/she will be allowed to serve out their term on the Board of Directors of NYSAMSS but will not be allowed to serve again unless he/she has re-entered the profession.

Note: More specific duties than indicated in the individual Duties and Responsibilities policies may appear in procedures delineating specific functions; i.e., President-Elect under educational program procedures.

DUTIES AND RESPONSIBILITIES OFFICERS AND BOARD MEMBERS

- A. **President:** The President shall be the Chief Executive Officer of NYSAMSS and shall:
1. Administer the Association effectively and assume leadership of its activities.
 2. Maintain close liaison with the Board of Directors
 3. Promote the New York State Association by maintaining good liaison with all NYSAMSS members and Local Regions.
 4. Encourage NYSAMSS membership.
 5. Encourage the promotion of continuing education of Medical Staff Services professionals.
 6. Encourage NAMSS membership, missions and goals.
 7. Conduct all Board meetings and preside at the NYSAMSS Annual Membership Meeting.
 8. Serve as Editor of *Empire Statement* or designate an editor as needed.
 9. Serve as an ex-officio member of the Conference Planning Committee.
 10. Sign all Bylaws for organized Regions and NYSAMSS.
 11. Prepare Annual Report, to be presented at the Annual Membership meeting, a copy of which shall be in NYSAMSS permanent files.
 12. Serve as a member of NAMSS Leadership Council.

DUTIES AND RESPONSIBILITIES OFFICERS AND BOARD MEMBERS

B. **President-Elect:** The President-elect shall, in the absence of, or because of the incapacity of the President, perform the duties and assume the responsibilities of the President. In addition, the President-Elect shall:

1. Serve as Chairperson of the Conference Planning Committee. If for any reason the President-Elect is not able to serve as Chairperson, the President shall appoint another NYSAMSS member to assume these duties.
2. May, at his/her discretion, appoint, at the commencement of his/her term, two active members of NYSAMSS to serve on the Conference Planning Committee, in addition to the immediate Past President.
3. Prior to installation as President, shall appoint Standing Committee Chairmen to include at a minimum, Recruitment, Education and Lending Librarian.
4. Perform such other duties commensurate with the office as may from time to time be reasonably requested of her/him by the President.
5. Coordinate Board meeting dates and place with the host facility.

C. **Immediate Past President:** The Immediate Past President shall:

1. Act as consultant to the President and Board of Directors
2. Serve as Chairperson of the Nominating Committee and Bylaws Committee
3. Serve as a member of the Conference Planning Committee
4. Be responsible for orientation of new Board members.
5. Perform such other duties commensurate with the office as may from time to time be reasonably requested of her/him by the President.
6. Notify leadership at facility/organizations of newly elected Board Officers of positions on NYSAMSS Board (**Appendix , Form K**).

DUTIES AND RESPONSIBILITIES OFFICERS AND BOARD OF DIRECTORS

D. **Secretary:** The Secretary shall:

1. Serve as recording secretary at Board meetings and NYSAMSS Annual Membership meeting. In his/her anticipated absence, another Board member will be contacted to fulfill those recording duties. Will also monitor attendance and notify the Treasurer prior to the Annual Conference of Board members who have failed to attend greater than 50% of Board meetings.
2. Distribute notice of meetings at least two weeks prior to meeting date. Agenda and related reports will be distributed at least one week prior to meeting date.
3. Serve as NYSAMSS Historian; those duties and responsibilities shall be as follows:
 - a. Obtain and maintain for the archives the history of the NYSAMSS organization, programs of NYSAMSS Annual conferences, rosters of current and past officers, Board Members, and Committee members, photographs of Board members, papers and records of historical nature, brochures and membership promotional information, photographs taken at the NYSAMSS Annual Conference, and a copy of the President's Annual Report.
 - b. Obtain and maintain the history of NYSAMSS Local Regions, rosters of current and past Officers of Local Regions, as well as approved Bylaws.
 - c. Maintain other material(s) as deemed appropriate by the President or Board.
4. Develop Board "Calendar of Events", i.e., Annual conference, Dues Due Date, etc.
5. Perform such other duties as may be necessary to coordinate and advance the mission of NYSAMSS.
6. Maintains the Policy & Procedure Manual

DUTIES AND RESPONSIBILITIES OFFICERS AND BOARD MEMBERS

E. **Treasurer:** The Treasurer shall:

1. Submit at each Board meeting and at the NYSAMSS Annual Membership meeting a year-to-date financial report.
2. Sign all checks for the disbursement of NYSAMSS funds with approval of the President.
3. Collects and deposits all dues and other revenues received (**Appendix, Form A**).
4. Maintain close liaison with President concerning the up-to-date record keeping of NYSAMSS' income and expenditures.
5. Disseminates dues notice to current members on or about October 1 with a due date of 1/31. If members wish to be eligible for the free membership drawing, they need to submit their dues on or before November 1. On or about December 1, the regional reps will receive a list of those who have not paid their dues and they will be asked to contact those in their region. In order to be eligible for the member registration for the Annual Education Program Conference fee, dues must be paid by January 31. The membership fee will be \$40 or \$70 for two years.
6. Collect all conference/seminar registrations and send confirmation letters for same.
7. Order and maintain NYSAMSS supplies.
8. Present an Annual Membership Report at the Annual Membership meeting in conjunction with the Annual Conference.
9. Prospective members are sent a personalized letter, membership brochure and membership application (**Appendix, Forms B, C & D**)
10. Each paid member will receive acknowledgment and thanks for renewal as well as current membership certificate. The dues roster is updated at this time (**Appendix, Forms E & F**)
11. After the dues date of January 31, eliminate all members whose dues have not been paid. The list of those who have not paid their dues will be presented to the Board at the Spring meeting.
12. For new member applications, a letter welcoming the new member, along with a current membership roster including the member's information, a Board of Directors listing, a membership certificate and pin, and a copy of the NYSAMSS Bylaws are sent. The new member's name, address, telephone and fax number and e-mail address are added to the NYSAMSS Membership data base and sent to the Board members. New member information is posted on the NYSAMSS web-site. (**Appendix, Forms G & H**)
13. Up-to-date mailing labels are provided to Board members as needed for duties and responsibilities relating to their office.
14. Miscellaneous:
 - For sample membership roster, refer to **Appendix, Form H**
 - For sample membership database record, refer to **Appendix, Form I**

DUTIES AND RESPONSIBILITIES

OFFICERS AND BOARD MEMBERS

- F. **Bylaws Chairperson (Past President):** At their Fall meeting, the Board shall conduct an annual review of the Bylaws for conformity with NAMSS Bylaws. Proposed amendments may be submitted, in writing, to the Bylaws Chairperson by active members. Proposed revisions to the Bylaws as approved by the Board shall be forwarded to active members for vote, which shall be returned within 15 days of being distributed to the Bylaws Chairperson. Amendments shall be adopted by a two-thirds majority of the ballots received.

Revised Bylaws shall be provided to the President for signature and subsequent follow up for NAMSS Board approval.

- G. **Recruitment Chairperson:** The Recruitment Chair, in conjunction with the Recruitment Committee, is responsible for membership recruitment and retention, and the development of a membership marketing strategy under the direction of the NYSAMSS Board of Directors.

- H. **Regional Representatives:** The duties of the Regional Representative shall be to serve as a liaison between the regional members of the Association and the Board of Directors. The Regional Representative shall be responsible for coordinating regional networking meetings on an as needed basis and communicating a summary of the meeting of the Board of Directors. Each Regional Representative shall serve on the Recruitment Committee.

NOMINATING COMMITTEE

Composition: The Nominating Committee is composed of the Immediate Past President, who shall serve as Chairperson, and two NYSAMSS members chosen a Board meeting.

Selecting Nominees: The Chairperson of the Nominating committee communicates with the Committee members prior to the Fall board meeting to provide each member of the Committee with “Duties and Responsibilities” of offices where terms will expire as well as for the Nominating Committee and to request nominations for offices where terms will expire. Nominee(s) are selected for each office, using the following guidelines:

A. Qualifications:

1. The President-elect must have had previous experience on either the NYSAMSS Board of Directors or Committees.
2. It is recommended that other candidates have previous involvement with NYSAMSS, either by serving as committee member or having served as a regional representative.
3. A candidate for state office must be either a Certified Professional Medical Staff Management (CPMSM) or a Certified Provider Credentialing Specialist (CPCS) and an Active member in good standing of NAMSS and NYSAMSS.

B. Nominating Form: Nominations are submitted on a Biographical Information Form to the Chairperson of the Nominating Committee by members of the Committee no later than August 31 (**Refer to Appendix, Form J**). All potential nominees must be contacted by the Committee to ascertain interest and willingness to be considered as a candidate.

C. Notification/Information by Nominees: The Nominating Committee Chairperson shall contact the nominees by September 30 with the following to occur:

1. The Chairperson provides each nominee with the appropriate “Duties and Responsibilities” for the respective office and reviews the basics of the position along with the approximate time requirements. The Chairperson also encourages the nominee to contact the officer currently holding that office for more specific information.

D. Information from Nominees: The following information must be received by the Chairperson of the Nominating committee (or designee) by a set date, to be determined by the Chairperson.

1. A narrative of specific length (specified by the Chairperson of the Nominating Committee) with information as indicated by the Biographical Information form which will be disseminated to the NYSAMSS membership.
2. The nominee’s consent to serve, preferable stated in writing.

E. Nominating Committee Meeting: The Nominating Committee shall meet by October 15 for the purpose of reviewing nominees for each board position due for (re)election. If a meeting is not feasible, a conference call may be made.

- F. Notification to Board: The nominees are submitted to the NYSAMSS Board of Directors by the Chairperson of the Nominating Committee no later than October 30. The slate is subject to Board approval at this time.
- G. Information for the *Empire Statement*: The Chairperson of the Nominating Committee works closely with the Editor relative to dates that candidates' information must be submitted for placement in a special edition of the *Empire Statement*.
- H. Slate of Officers: Slate to be printed and distributed to the Active members of NYSAMSS by a date to be specified by the board of Directors. The proposed slate shall be distributed 30 days prior to balloting. Write-in nominations may additionally be made.
- I. Voting: Ballots (along with the Slate of Officers) shall be distributed 30 days after the slate and returned by Active members eligible to vote (dues paid in full at the time of voting) 15 days from the date of distribution. Completed ballots not returned within 15 days shall not be counted. Ballots are returned to the Chairperson of the Nominating Committee. Information regarding election results is released only to the President. Election shall be by a simple majority of the ballots returned. Terms of office shall be two years.
- J. Notification of Election Results: The Chairperson of the Nominating Committee first notifies the President of NYSAMSS of the election results, then notifies the candidates. Notification occurs within two working days following receipt of the results of the election. If the Chairperson is unable to reach a candidate by telephone, a letter stating the election results is sent within three working days following receipt of the results of the election. The Chairperson notifies the Board of Directors in writing within five working days following receipt of the results of the Election. The Chairperson will notify the NYSAMSS membership within two weeks following the results of the election.
- If for any reason the Chairperson is unable to proceed with notification of election results, the current President of NYSAMSS takes over the duties of the Chairperson.
- K. Assuming Office: Candidates assume office at beginning of the election year in conjunction with the NYSAMSS Annual conference.

EMPIRE STATEMENT EDITORIAL POLICY

The *Empire Statement* is the official newsletter-format publication of NYSAMSS (**Appendix, Form K**). Published at least 2 times a year for members of NYSAMSS and other subscribers, the publication's focus is on educating and informing the Medical Staff Services Professional.

The *Empire Statement* Staff strives to present timely, thought-provoking articles of practical value to the readers of this publication. Articles are offered of general interest in Medical Staff Services. Articles focusing on legislation, legal issues, unique Medical Staff Services Office/ Department programs and procedures, along with positive approaches to solving problems are encouraged. The *Empire Statement* is also the vehicle used to convey news to the members from the Board of Directors concerning Association plans, educational programs, and benefits.

The Editor shall:

- ◆ Have the capability to revise style and format as needed;
- ◆ Have excellent communication skills, including a proficiency in writing and public speaking;
- ◆ Be well informed in healthcare industry developments;
- ◆ Network with other individuals involved in industry publications

IN GENERAL

Finding information: one should be scouring the various publications; i.e., AMA News, Hospitals Magazine, Briefings from the The Joint Commission, Medical Staff Briefings, Privileging Institute, as well as obtaining information from assigned individuals in the various chapters. The issues reviewing NYSAMSS Annual Conference and NAMSS Annual Conference should be enticing in order to encourage members to attend these seminars and conferences.

MAILING ADDRESS

The address of the Editor of the Newsletter is utilized for all information relative to publication.

BOARD MEETINGS

The Editor of the *Empire Statement* is expected to attend each Board of Directors meeting and report on the status of the newsletter in progress and other related matters. At these meetings, information may be requested for inclusion in the next issue. Refer to the Bylaws for meeting schedule.

NYSAMSS ANNUAL CONFERENCE PLANNING GUIDELINES

CONFERENCE PLANNING COMMITTEE

- A. Conference Planning Committee Responsibilities: Select theme for conference, format (i.e., workshop, focused session, panel discussion, etc.), speakers and topics. Choose menus for conference meals. Arrange for AV equipment, etc. (Refer to Conference To Do List --**Appendix Form L**).
- B. Conference Planning Committee will consist of all Board of Director members and be chaired by the President-Elect
- C. In as much as possible, the first Conference Planning Committee meeting will immediately follow the Annual Conference to review the Conference Evaluation results. General discussion to include possible topics, speakers, dates and locations for the next conference.
- D. Registration fees shall be waived for all Conference Planning Committee members and NYSAMSS Board of Director members who attend 50% or more of Board meetings in the previous 12-month period.

TOPICS AND SPEAKERS

- A. May: Conference Planning Committee, at its first meeting following the Annual Conference, will review the conference evaluations for ideas on topics for the next year's conference. Topics may also be determined based on current events in the health care industry.
- B. May – August: Once topics are determined, the President-elect (or designee) will contact suggested speakers (i.e., Horty Springer, NYS DOH, local attorneys) to determine speaker topic, speaker availability, speaker costs.
- C. September: Summary of topics and speakers (with fees and biographic profiles from speakers) is presented to the NYSAMSS Board of Directors prior to the Fall Board meeting for discussion/vote at the board meeting. If the Board meeting is not held in September, a summary will be communicated to all Board members via mail, fax or e-mail with a mandatory response date of September 30.
- D. October – November: The President-Elect will contact the speakers to confirm their speaking engagement with NYSAMSS and obtain equipment needs.
- E. January: The President-Elect (or designee) will send written confirmation letters to the speakers. Included in the mailing: draft conference brochure; draft conference agenda; copy of their biographic profile (if received); hotel information (reservation code, conference room location, directions to hotel, list of equipment available for conference room), Annual Conference Program Honoraria Guidelines (**Appendix, Form M**); and Expense Voucher.

- F. March: By March 15, speakers should have submitted program materials, equipment needs and biographic profiles.
- G. May: One week following conference, President-Elect (or designee) should send Thank You notes to each speaker.

HOTEL

- A. The President-Elect will make necessary arrangements with the conference hotel, i.e., contract, pre-conference set-up space, Board meeting room, etc
- B. 30 Days after Hotel Bill is Received: President-Elect and Treasurer will settle all hotel related bills —conference room, catering, etc.

PUBLICITY FOR CONFERENCE:

- A. Date and place of conference should appear in the *Empire Statement* as far in advance as possible.
- B. Article(s) regarding conference to be submitted by President-Elect to the *Empire Statement* for publication in the *Empire Statement*
- C. Post notice of meeting in SYNERGY for the January/February issue (see NAMSS web-site relating to SYNERGY deadline & form).
- D. January: Save the Date communication to all NYSAMSS Members and NE Region State Presidents
- E. January – February: Using brochure format, President-Elect & Membership Chair to draft conference brochure. Forward to NYSAMSS Board of Directors for review & Comments with deadline of February 1.
- F. Middle to End of February : Brochure will be distributed.

CONTINUING EDUCATION CREDITS

- A. January: President-Elect to submit required application with fee to NAMSS for CEU credits. This may include, but not limited to: application form; speaker profiles; draft details on topics; conference brochure and conference agenda. See NAMSS Website for information.
- B. April: CEU Certificates should be received by President-Elect, or designee Copy of CEU Certificates should be sent electronically to NYSAMSS Secretary and Treasurer for follow up distribution and archiving purposes.

DOOR PRIZES

NYSAMSS will provide door prizes including free conference registration and one night hotel for the next year's conference.

VENDORS

- A. June – Mid July: President-Elect will work with hotel for space for vendor attendance, preferably in a non-congested area with outlets and internet hook-up capabilities
- B. October – January: Conference Planning Committee designee will solicit vendors utilizing previous NYSAMSS vendor list, NAMSS Conference vendor listing and industry contacts.
- C. Beginning of April: Conference Planning Committee designee will send vendor confirmations and reminders of payment due by April 15 (no payment-no display/marketing). Payments will be forwarded to the Treasurer
- D. Mid April: Conference Planning Committee designee will prepare the vendor list and forward to the President-Elect for inclusion with conference handouts.
- E. On-Site: Conference Planning Committee designee will coordinate display set-up as required and will work with any on-site vendor attendees who will receive a conference attendee roster.
- F. Mid May: Expense report of all expenses incurred obtaining vendors will be submitted to the Treasurer and Thank You notes will be sent to all vendors no later than 30 days after the Conference.

REGISTRATION (Pre-Conference)

Registrations are returned to NYSAMSS Treasurer. No Conference registrations will be accepted unless they are accompanied with a check or credit card payment. In instances where the registrant is waiting for a facility check to be cut, he/she will be required to submit a credit card number. No Conference registrations will be accepted unless they are accompanied with a check or credit card payment. In instances where the registrant is waiting for a facility check to be cut, he/she will be required to submit a credit card number. Confirmation letters are sent to registrants by the Treasurer and include directions to hotel. NYSAMSS member registration fees will be extended to members of any State Chapter within the Northeast Region of NAMSS. President-Elect will be continuously updated on registration status. Attendance list is printed for distribution at conference.

REGISTRATION (On-Site)

On-Site registration will not take place.

REFUNDS

Full refunds for the registration fee will be made only for cancellations received by the NYSAMSS Treasurer at least one week prior to the date of the scheduled conference. A cancellation fee in the amount determined by the Board shall be charged to the conference

registrant (individual or healthcare facility) for cancellations received within one week prior to the conference. No refunds will be made the day of the conference, except in special circumstances, as approved by the Board of Directors. If a registered attendee is unable to attend, attendance may be transferred to another individual within the same facility. In the event of a disaster, please refer to the Disaster Policy.

OPENING ANNOUNCEMENTS, INTRODUCTIONS, CLOSING COMMENTS

Will be done by the President or designee

ANNUAL BUSINESS MEETING

- A. The Annual Business Meeting is conducted by the NYSAMSS President.
- B. An Installation Ceremony, when applicable, will be scheduled in conjunction with the Annual Business meeting.
- C. Recognition of newly certified CPMSM's and CPCS's will be done during the Annual Meeting. The lists will be obtained from the previous year's exams.

EXPENSE REPORTS

Refer to Travel Policy and Expense Report Form (Appendix Form N).

- A. January: Expense Report forms will be sent to the speakers by the President-Elect or designee.
- B. May: 30 days after the Annual Conference, expense reports with receipts are due to the Treasurer. If this deadline cannot be met, an extension must be requested from the President and Treasurer.

PROGRAM EVALUATIONS

- A. January-March: Board Member(s) designated by President-Elect will prepare evaluation forms for each conference day. The forms will be reviewed by the NYSAMSS Board of Directors by March.
- B. On or About April 1: Program Evaluations will be provided to President-Elect for inclusion with conference handouts.
- C. At Conference: Board Member(s) designated by President-Elect will arrange for place for evaluations to be deposited.

- D. Conclusion of Conference: Board Member(s) designated by President-Elect will bring the evaluations to the Post-Conference Board meeting for a quick review.
- E. On or About May 15: Board Member(s) designated by President-Elect will review and tabulate program evaluations. These will be forwarded to all members of the NYSAMSS Board of Directors.
- F. President-Elect will distribute copies of the appropriate section of the program evaluations to the speakers and hotel/conference center.

CONTACT PERSONS

Speakers – President-Elect or designee

Hotel – President-Elect or designee

Registration – Treasurer

Continuing Education Credits – President-Elect or designee

Vendors – President-Elect or Designee

Program Evaluations – NYSAMSS Board Member(s) designated by President-Elect

TRAVEL POLICY

Travel expenses (to include travel, lodging, and food expenses to a set per diem rate) for elected and appointed members of the NYSAMSS Board of Directors will be covered as outlined below: (All reimbursable expenses will be made only upon timely submission of a completed expense report submitted to the Treasurer. Where applicable, car pooling and room sharing are encouraged.

A. Board Meetings

There are at least three Board meetings held annually, which may include:

- ◆ Spring – held during the Annual Education Program
- ◆ Fall – held in September or October
- ◆ Winter – held in January or February

The President, at his/her discretion, may invite others required to facilitate agenda discussions

1. **Annual Meeting**

- a) Negotiations with the site hotel will be undertaken to provide a sleeping room at no charge for use by the Committee Chairperson (President-Elect).
- b) When Board members provide assistance with conference preparation or meet to conduct a regularly scheduled Board meeting, a light meal may be provided at the conclusion of the function, to be paid for by NYSAMSS.
- c) Board Members will be reimbursed the following expenses to attend the Annual Educational Conference if their facility will not reimburse them for these expenses as first payor:
 - 1) Hotel – 100% - room sharing is encouraged
 - 2) Transportation – to include mileage, tolls and/or public transportation
- d) The Annual Conference registration fee will be waived for all Board Members (if they have attended 50% of the board meetings in the 12 months prior to the Annual Conference) and, at the discretion of the Board, Conference Planning Committee members who are not otherwise members of the Board.

2. **Board Meetings**

- a) Attempts will be made to hold the meeting at a member hospital. Food expenses (not to include alcoholic beverages) will be reimbursed unless donated by the member facility.
- b) Travel expenses for all members living outside a 50-mile radius will be reimbursed including hotel, mileage, tolls, public transportation, and food (not to include alcoholic beverages). Food is not to exceed \$15/day/member and hotel at prevailing rate. Exceptions to these costs need to be approved by the Board.

B. Committee Meetings: Travel expenses for members attending meetings of standing and special committees may be paid only with prior approval from the Board.

- C. President's/President-Elect's Travel: The President and President-Elect (in preparation for becoming President) are encouraged to attend the NAMSS Leadership Conference annually as representatives of NYSAMSS. Reasonable funds will be allocated on an annual basis to reimburse them for travel, lodging and meals (not to include alcoholic beverages). It is encouraged that the President and President-Elect obtain facility support for attendance at the NAMSS Annual conference. If financial support is not available, the board will allocate appropriate funds.
- D. General Expenditures: Reasonable expenses incurred by any Board Member on behalf of the activities charged to them will be reimbursed. Such charges might include local travel, telephone expense, postage, printing, design, mailing, etc.

Travel expenses for any elected or appointed member of the NYSAMSS Board of Directors, to attend meetings approved by the NYSAMSS Board of Directors (i.e., budgeted local regional meetings, meetings of other professional associations, etc.) shall be paid by NYSAMSS (unless otherwise covered by the inviting organization), provided sufficient finances are allocated in the Budget. The Board shall have final authority concerning these matters.

All persons traveling at the expense of NYSAMSS shall travel in the most economical manner. Each person shall hold expenses within reasonable limits. Reimbursement will not be made without receipts (over \$15.00), except under special circumstances or in instances where obtaining a receipt is difficult or impossible. Rate per mile is the current IRS rate.

Per diem for food expenses shall be set at a rate of \$15.00 per day; however no reimbursement shall be made when food is provided by NYSAMSS or sponsoring organization.

The Education Conference Chair and Conference Planning Committee members will be reimbursed for any and all expenses incurred in the process of developing and putting on the Annual Conference, including such items as printing, telephone expense, postage, folders, pens, pads, display, etc.

Expense reports shall be completed within 30 days of the conclusion of any business trip on the appropriate form (**Appendix, Form N**), and shall be submitted to the Treasurer for disposition.

VOLUNTARY/INVOLUNTARY RESIGNATIONS

Each Board member is strongly encouraged to seek assistance when the duties and responsibilities of the position are temporarily impossible to fulfill. It is the responsibility of the Board member to notify the President when these difficulties arise so that temporary assistance may be facilitated and to keep the President informed.

The following actions shall be taken only upon an established pattern of non-performance, not for a single isolated incident:

1. The President shall determine, with guidance from the Immediate Past President, when performance issues warrant intervention. If the President's performance is being questioned, the President-Elect shall determine, with guidance from the other Board officers, when performance issues warrant intervention.
2. When the determination has been made that performance issues jeopardize the effective function of the Board, the President (President-Elect when appropriate) will conduct one intervention with the Board member. This may take the form of a telephone contact, written correspondence or meeting. Whatever methodology is utilized, the intervention must be documented in writing by the President (President-Elect when appropriate).
3. If the intervention yields no discernible improvement within three (3) months, the President (President-Elect when appropriate) shall send a certified letter to the Board member requesting their voluntary resignation within 14 days.
4. If the above methods (paragraphs 2 & 3) have proven to be unsuccessful, a poll of the entire NYSAMSS Board of Directors will be conducted within 30 days of the certified letter being sent to determine whether the terms of the Accountability Statement will be activated. If the decision of the Board is affirmative, the affected Board member will be notified within 10 days of the Board's decision that they are considered to have involuntarily resigned their position.

NYSAMSS DUES

Dues shall be collected as specified in the NYSAMSS Bylaws. Dues may not be transferred to another individual upon the resignation of a member.

INTERPRETATION OF NYSAMSS ACTIVE MEMBERSHIP CATEGORY

The NYSAMSS Board of Directors shall have final authority in the interpretation of the NYSAMSS Active membership category, as defined in the NYSAMSS Bylaws, to include those individuals applying for Active membership who support the goals, objectives and mission of NYSAMSS. Active members may include, but need not be limited to, Medical Staff Services Professionals, other individual sharing responsibility in medical staff activities, instructors in medical staff services science, agents for credentialing verification organizations (CVOs), and physician liaison/marketing personnel working in a hospital or other health care setting such as an HMO, PPO, PHO, IPA and/or managed care environment.

NYSAMSS does not recognize a corporate membership category.

RETENTION OF BOARD MEMBERS' FILES

Each NYSAMSS Board Member and Committee Chairperson shall be responsible for transferring any files and pertinent correspondence pertaining to their NYSAMSS activities to her/his successor. NYSAMSS files shall be retained for a minimum of five years, unless otherwise directed and approved by the Board of Directors.

FAIR HEARING AND DISCIPLINARY ACTIONS OF NYSAMSS MEMBERS

The Board of Directors of NYSAMSS may suspend or expel any member of the Association for cause, at any time, after giving such member the opportunity for a hearing before the Board of Directors. Any member suspended or expelled may be reinstated by the affirmative vote of a majority of the members of the Board of Directors present and voting.

For purposes of this section, the term "for cause" shall include, but not be limited to, the following:

- ◆ Any violation of the NYSAMSS Bylaws; or
- ◆ Any conduct on the part of a NYSAMSS member that is deemed to be prejudicial to the interests and welfare of the Association and its members.

NYSAMSS member receiving official reprimand by the Board shall not be entitled to a hearing before this body.

MEMBERSHIP LABELS PURCHASING POLICY

1. When the requesting organization is a Not-For-Profit organization, the fee for **one time use** of all or part of the mailing list is \$100 payable in advance.
2. When the requesting organization is a For-Profit organization, the fee for **one time use** of all or part the mailing list is \$125 payable in advance.
3. The request must be in writing and should include:
 - a. Letter from the requester defining the purpose of the mailing.
 - b. Sample of the intended mailing.
 - c. Prepayment of the appropriate fee.

Evaluation will be based on suitability for and value to members as well as the truthfulness of the message. If approval is given, our mailing list will be provided in the format you request below (disk; Excel file sent by e-mail; labels). If approval is not given, all materials including prepayment, minus a \$25.00 processing fee, will be returned.

Company/Organization Name & Location: _____
Contact Name: _____
Title: _____
E-mail: _____
Phone: _____

Format requested (circle one): disk; Excel file sent by e-mail; labels

Date needed: (Please allow 10 working days) _____

Name & Address labels are to be mailed to: _____

PAYMENT INFORMATION

Check enclosed Check Amt. _____ Check # _____

Credit card VISA MasterCard

Acct. # _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Address _____

I authorize the NYSAMSS Treasurer to charge my credit card in the amount of \$ _____

Signature of Cardholder: _____

FAX this completed form to NYSAMSS at 315-787-4169, or mail to Teresa Goss, CPMSM, CPCS, Medical Staff Coordinator, Finger Lakes Regional Health System, 196 North St, Geneva, NY 14456.

I understand my billing statement will read "NYSAMSS"

AFFILIATE MEMBERSHIP POLICY

POLICY: Organizations which have an interest in the goals and mission of NYSAMSS may become members. As members they will have to pay dues, but will not be able to vote or hold office. These organizations cannot use NYSAMSS as a forum to promote their businesses or will they be given special consideration in purchasing equipment nor materials for the association.

DEFINITION: An affiliate is defined as any business, organization or association not directly involved with credentialing or medical staff functions in a healthcare setting. However, its mission and/or goals impact or have the potential to impact how we do our business in the healthcare setting.

MEMBERSHIP REQUIREMENTS: An organization interested in affiliate status must complete the NYSAMSS application and pay the current annual dues. Membership will entitle the organization to have one representative attend business meetings and other functions of the association. As a member, the organization and its representative will be expected to adhere to NYSAMSS policies and procedures and Bylaws.

MEMBERSHIP BENEFITS:

1. Annual Conference: A State meeting is held each year featuring excellent speakers and relevant workshops, providing an opportunity to improve specific skills and gain knowledge about the healthcare industry.
2. Local Regions: Interact and share ideas with other medical staff services professionals in adjacent communities.
3. NYSAMSS Website (www.nysamss.org)
4. The affiliate member may attend functions at the membership price.
5. Information Sharing Network
6. Lending Library

NYSAMSS WEBSITE POLICY

LOCATION: <http://www.nysamss.org>

PURPOSE: To promote the organization and serve as a useful resource for the membership.

POSTING: The following areas have content that is supplied by outside sources but is posted by authorized board members.

JOB OPPORTUNITIES: For NYSAMSS members there is no charge. For any organization that employees credentialing personnel there will be no charge for a one month posting. For Non-members the charge is \$30 for a 60-day posting.

SPONSORSHIP: To be maintained by Provider Technologies. Ad rates and details regarding ad size and placement are outlined in Appendix P

The Board assumes full responsibility for all content on the website.

AWARDS AND RECOGNITION POLICY

Board of Directors:

Each member of the Board of Directors will be presented with a token of appreciation (cost not to exceed \$200) for their dedication and service upon the completion of their Board term. Board members will receive a token of appreciation for each position held, not to include re-election to the same position. The term of president-elect, president and past president is considered one position. This token of appreciation will be selected by the Executive Committee of the Board and presented during the Association's annual meeting.

Newly Certified CPMSM and/or CPCS:

Any newly certified (CPMSM and/or CPCS) medical staff services professional will be sent a congratulatory letter from the President. Those newly certified medical staff services professionals who are NYSAMSS members will also be sent a token along with a letter.

Medical Staff Services Professionals Week

NAMSS Medical Staff Services Professionals Week is held annually during the first full week in November. The Goal of National Medical Staff Services Professionals Week is to highlight and explain the role of the medical services professional to other healthcare professionals, medical staff members, industry groups and community members.

NYSAMSS will send a token of appreciation along with a letter from the President to all current members of the Association.

New Members' Raffle

No later than January 15, the NYSAMSS Treasurer will conduct a drawing that will include only new members who have joined NYSAMSS during the previous year. The winner of the drawing will be awarded a free Educational Conference Registration and one night hotel accommodation for that year.

Library Policy

The mission of this library is to provide authoritative and current resources for our membership.

Our resources will be listed on our website and managed by the Association's librarian. The resources will be housed with the coordinator. The Education Committee will act as the Library Committee.

These resources will be available to our NYSAMSS membership at no charge.

The maximum number of items which can be borrowed at one time is two (2). The borrower has to sign an agreement to treat the materials with care and return as specified in the policy. Items may be borrowed up to 30 (thirty) days with one renewal providing there is not another request for the same item. The materials will be sent to you at NYSAMSS expense; however, the borrower will be responsible for the postage to return these items. All items have to be returned by insured mail. If the member is late in returning the borrowed items more than twice, (s)he will become ineligible to borrow. Non-return of an item will result in being ineligible to borrow from the library again. The borrower also will be charged for the cost of the non-returned item along with shipping and handling.

Any member of NYSAMSS may suggest resources for purchase. These suggestions will be directed to the coordinator. However, any potential purchase must meet one of the areas of concentration outlined in our development plan. All suggestions meeting criteria will be reviewed by the Library Committee, for possible purchase. There will be an annual budget set for purchases.

Development Plan: Our collection will center around the following topics:

- credentialing
- privileges and privileging
- appointment process
- proctoring
- medical staff issues, such as impairment, disruptive physician
- legal issues effecting medical staff credentialing or leadership
- medical staff leadership
- NCQA, THE JOINT COMMISSION, NYS regulations
- CPCS/ CPMSM materials
- NCQA/ THE JOINT COMMISSION survey process
- management materials
- allied health professionals

**NYSAMSS LENDING LIBRARY
REQUEST FORM**

Date of Request: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

NYSAMSS Region (Circle One): Adirondack Capital Central Hudson Valley Long Island NYC Western

Limit to two (2) items being borrowed at one time. Materials are due in 30 days. Items will be invoiced including shipping costs when overdue. One (1) renewal is allowed. I agree to return the materials via insured mail or hand delivery.

Requested Materials:

AGREEMENT

I agree to treat all lending library materials with care. I agree to return the materials within 30 days of receipt unless otherwise arranged with the library coordinator. Items will be invoiced including shipping costs when overdue. I agree to return the materials via insured mail or hand delivery.

Signature: _____ Date: _____

Upon receipt of your signed request, your current membership in NYSAMSS will be verified. The requested materials will be sent via USPS insured mail.

All requests should be made to:

Donna Morgan
Saratoga Hospital
Saratoga Springs, NY 12866

Phone – 518-583-5995
Fax – 518-580-4285
E-Mail: dmorgan1@saratogacare.org

For Lending Library Use Only:

Is the person a current member of NYSAMSS? YES NO

Due Date: _____ Date Sent: _____

Date Returned: _____

Condition prior to sending:

Notes:

Condition upon return:

Notes:

INFORMATION SHARING NETWORK POLICY

The Information Sharing Network will consist only of those members of NYSAMSS who have indicated that they wish to participate. Members who wish to query the Information Sharing Network will submit a request directly to the ISN Coordinator (at teresa.goss@flhealth.org) who will forward it only to identified ISN participants who may respond only as they wish. Queries will be screened for appropriateness by the ISN Coordinator; questionable queries will be referred to the NYSAMSS Board for review before being posted.

Participants are to provide a signature block on ALL messages for identification purposes, allowing everyone to track responses by region, etc. Signatures blocks should include your name, facility, city and state at a minimum.

Participants are not to double post messages. For example, do not send your message to the Information Sharing Network and another chat group or individual in the same message. This requirement is made in order to maintain the privacy of the ISN as a NYSAMSS member benefit. Participants are not permitted to forward ISN messages with identifying information to anyone without the explicit permission of the author of the message. If found to have forwarded messages without permission, participants may be removed from the ISN group by action of the NYSAMSS Board. **Appendix, Forms P & Q**

EDUCATIONAL FUNDS FOR REGIONS

Purpose: To provide funds to regional reps to support educational and networking activities that meet NYSAMSS goals and guidelines.

The NYSAMSS Board has agreed to create an annual budget line called Educational Support-Regions. The annual budget will be \$5,000. Funds not used by the end of the fiscal year will remain in the account. Funds will be added to replenish the budget when the balance reaches \$500.

Region Reps may request checks for purchase or reimbursement from the Treasurer to cover the costs of activities within a Regional to promote education, networking.

Guidelines

Educational Activities:

The Region Reps can purchase, for example:

- Educational materials – CD's
- EDU-CATE Webinars sponsored by NAMSS
- Harty Springer Educational conference calls
- Provide a nominal honorarium for guest speakers or relevant topics related to credentialing, certification preparation, NCQA, THE JOINT COMMISSION, NYSDOH or other relevant topics that do not conflict with the Annual Educational Conference.

Purchased materials, tapes, CD's, etc. are to be used by the Regional Rep to host an educational meeting in their region for MSSPs. Such material should be turned over to the Lending Library for use by other Regional Reps or NYSAMSS members.

This fund/budget line is not to replace the enduring materials purchased and maintained by the Lending Library. Before purchasing any materials, the Region Rep must check the

Lending Library catalogue.

Networking Activities:

Regional Reps may submit reimbursement voucher to the Treasurer to cover the cost of one networking activity per year. The budget for such networking activity is not to exceed \$200.

Oversight:

This policy and budget will be reviewed at least annually, by the full Board. The Treasurer will include the use of this fund in the budget reports submitted at Board meetings. Details of expenditures shall be made available, if requested.

The budget can be changed (increased/decreased), suspended or terminated by a majority vote of the full Board.

DISASTER PLAN POLICY

Purpose

To identify the plan that will be implemented in the event that a disaster should occur that prevents the Annual Education Conference from taking place, in whole or in part.

Definition of Disaster:

Any event either man made or natural in origin, any sudden or unexpected impact that negatively affects the environment or society, or causes an interruption in life as we know it. A disaster can be world wide, country wide, state wide, or a local event.

This policy covers the following examples but is not limited to this list and will cover all others.

Examples of Disaster:

Hurricanes, tornadoes, floods, fire, earthquakes, drought, blizzards, thunderstorms, landslides, Tsunami, volcanic eruption, lightning strike. Acts of war or terrorism. Any national, state, or local emergency causing a disruption in utility services, building collapse or loss of building services, road closures, hazards in air or water quality.

Assessment:

In the event of a disaster, immediately prior to or during the Annual Education Conference, a quorum of the NYSAMSS Executive Committee will render a decision to either cancel or end the Annual Education Conference for the health and safety of all. Conference attendees will be instructed with up to the minute emergency management information as it is available.

Communication:

The NYSAMSS Board of Directors will take any step available to them at the time to communicate with conference attendees should a disaster occur where changes are deemed necessary. IE: General announcement, email, cell phone and/or business/home notification.

Financial Impact:

In the event that the NYSAMSS Annual Education Conference is cancelled in whole or in part due to a Disaster, all fees and costs incurred by NYSAMSS on behalf of the registered Annual Education Conference attendees, including but not limited to, speaker fees, accommodation costs, conference hall reservations, etc. will be paid for from the registration fees collected. If there are any monies remaining from the registration fees collected from the Annual Education Conference, NYSAMSS will refund equally to those individuals who have registered and paid for the conference.

NYSAMSS will also not assume any additional liability or costs associated with such an event on behalf of the Annual Education Conference attendees.

MANAGED CARE REPRESENTATIVE AT LARGE

Qualifications:

Proven track record evidenced through recommendation from two peers, who are members of NAMSS or NYSAMSS that address the following:

- a. Professional Character
- b. Responsibility through commitment to and completion of assignments
- c. Good organization skills
- d. Good verbal and communication skills; verbal and written
- e. Ability to make the necessary time commitment, i.e., attendance at NYSAMSS Board meetings; telephone contact with managed care entities and/or managed care services professionals
- f. Be currently engaged in work related to managed care credentialing and privileging
- g. Knowledge of regulatory and government standards relating to managed care credentialing and privileging.

Key Responsibilities:

1. Act as liaison between NYSAMSS and organizations, entities and persons engaged in activities relating to managed care plan credentialing and privileging.
2. Represent the goals and mission of NYSAMSS to managed care organizations
3. Assist the NYSAMSS Board of Directors in identifying issues of interest and concern to medical services professionals engaged in activities relating to managed care plan credentialing and privileging.
4. Assist in NYSAMSS policy development in matters relating to managed care credentialing and privileging
5. Attend NYSAMSS Board of Directors meetings.
6. Serve as content expert to NYSAMSS Board of Directors on regulatory and government regulations pertaining to managed care credentialing and privileging.

APPENDIX

| | <u>Form</u> |
|------------------------------------------------------|-------------|
| <u>Treasurer</u> | |
| Dues Notice | A |
| | |
| <u>Membership Chairman</u> | |
| Prospective Member Letter | B |
| Membership Brochure | C |
| Application for Membership | D |
| Membership Renewal Letter | E |
| Membership Certificate | F |
| New Member Welcome Letter | G |
| Membership Roster | H |
| Membership Database Record | I |
| | |
| <u>Nominating Committee</u> | |
| Biographical Form | J |
| | |
| <u>Immediate Past-President</u> | |
| Notification Letter | K |
| | |
| <u>NYSAMSS Annual Conference Planning Guidelines</u> | |
| Conference To Do List | L |
| Annual Conference Program Honoraria Guidelines | M |
| | |
| <u>Travel Policy</u> | |
| Expense Report | N |
| | |
| <u>Miscellaneous Forms</u> | |
| Installation Ceremony Oath of Office | O |
| | |
| <u>Web-Site</u> | |
| Advertising | P |
| | |
| <u>Information Sharing Network</u> | |
| Program Letter | Q |
| Terms of Use Policy | R |

~ NYSAMSS ~

STATEMENT OF DUES

< YEAR >

Please make any necessary additions or corrections to your demographic information and
RETURN THIS FORM with your payment

MEMBER: «FIRSTNAME» «LASTNAME»«DEGREE»

POSITION TITLE: «TITLE»

PREFERRED ADDRESSES:

Mail: Work _____ Home _____

E-Mail: Work _____ Home _____

| | |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------|
| WORK ADDRESS: «HOSPITAL» «ADDRESS» «CITY», «STATE» «ZIP» | HOME ADDRESS: «HOMESTREET» «HOMECITY», «HOMESTATE» «HOMEZIP» |
| Phone: «PHONE» «EXT» | Phone: «HOMEPHONE» |
| Fax: «FAX» | |
| E-mail: «BUSEMAIL» | E-Mail: «HOMEEMAIL» |
| NYSAMSS Member Since: «STARTYEAR» NYSAMSS Region: «REGION» | Year of Certification: CPMSM: «CMSCYEAR» CPCS: «CPCSYEAR» |

AMOUNT DUE: \$40.00 (one year) or \$70.00 (two years)

Federal I.D. #: 16-1198551

Payment Method:

Check (Payable to: NYSAMSS)
 Credit Card: MasterCard Visa
 Credit Card # _____
 Expiration Date _____
 Card Holder Name _____
 Address _____
 Authorized Signature _____

Send To:

Teresa Goss, CPMSM, CPCS
 Medical Staff Office
 Finger Lakes Health
 196 North Street
 Geneva, NY 14456
 P: 315-787-4170
 F: 315-787-4169

Due Date: 1/31/ < Year >

NOTICE: TO BE ELIGIBLE FOR THE REDUCED NYSAMSS MEMBER RATE FOR THE ANNUAL CONFERENCE, YOUR DUES PAYMENT MUST BE RECEIVED NO LATER THAN January 31, < Year >.

****Membership dues are not refundable and cannot be transferred to another individual****

-NYSAMSS-

FOR THE MEDICAL STAFF SERVICES PROFESSIONAL

November 5, 2002

<NAME>
<ADDRESS>

Dear <NAME>:

As requested, enclosed are a membership application and brochure describing our New York State Association Medical Staff Services organization. If you have any questions regarding NYSAMSS, please feel free to contact me at 315-787-4170. We are always happy to encourage new members.

Hope to hear from you soon!

Sincerely,

**Teresa Goss, CMSC, CPCS
Treasurer/Membership Chairman**

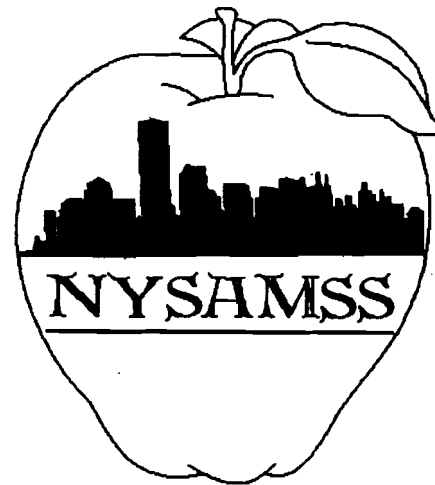
NYSAMSS

The New York State Association Medical Staff Services is an organization comprised of medical staff services professionals throughout New York State. Since its founding in 1981 as an organized component of the National Association Medical Staff Services, the New York State Association has grown and flourished in both membership and educational opportunities. NYSAMSS provides a forum for networking through its services and benefits in the increasingly complex field of healthcare, medical staff services and practitioner credentialing.

The mission of NYSAMSS is to support and enhance the professionalism of those who strive to become experts in the administrative aspects of credentialing healthcare practitioners and medical staff management in a variety of healthcare settings throughout the State.

We invite you to join us today!

NEW YORK STATE ASSOCIATION MEDICAL STAFF SERVICES



An organization for the Medical Staff Services/Credentialing professional in healthcare or healthcare related organizations.

Yes! I want to join ... Please send me an application for membership in the New York State Association Medical Staff Services.

Name _____

Title _____

Address _____

E-Mail Address: _____

Organization _____

City _____

State _____

Zip _____

FORM C

FORM D

~ NEW YORK STATE ASSOCIATION MEDICAL STAFF SERVICES ~

APPLICATION FOR MEMBERSHIP

MEMBERSHIP YEAR: January 1, 20____ through December 31, 20____

MEMBERSHIP CATEGORY: Please select the appropriate membership category:

____ **ACTIVE:** Active members shall be those medical staff services professionals involved with the administrative functions of a medical staff. Active members shall pay dues and shall be eligible to vote and hold office.

____ **AFFILIATE:** Affiliate members shall be any business, organization or association not directly involved with credentialing or medical staff functions in a healthcare setting whose mission and/or goals may impact MSSP's. Affiliate members shall pay dues but not be eligible to vote or hold office.

ORGANIZATION AND POSITION INFORMATION

NAME: _____ PHONE: (____) _____

POSITION TITLE: _____ FAX: (____) _____

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

WORK EMAIL: _____ YEARS IN PRESENT POSITION: _____

DESCRIPTION OF DUTIES: _____

HOME ADDRESS: _____

HOME PHONE: (____) _____ HOME EMAIL: _____

PREFERRED MAILING ADDRESS: Work ___ Home ___ PREFERRED E-MAIL ADDRESS: Work ___ Home ___

Are you a Certified Medical Staff Coordinator (CPMSM)? _____ Year Certified _____

Are you a Certified Provider Credentialing Specialist (CPCS)? _____ Year Certified _____

ANNUAL DUES: \$40.00 (One Year) or \$70.00 (Two Years)

Payment Method:

____ Check (Payable to: NYSAMSS)
____ Credit Card: ___ MasterCard ___ Visa
Credit Card # _____
Expiration Date _____
Card Holder Name _____
Address _____
Authorized Signature _____

Send To:

Teresa Goss, CPMSM, CPCS
Medical Staff Office
Finger Lakes Health
196 North Street
Geneva, NY 14456
P: 315-787-4170
F: 315-787-4169

Signed: _____ Date: _____

NAMSS ORGANIZATIONAL AFFILIATION

Are you a member of the National Association Medical Staff Services? _____ Year joined _____

-NYSAMSS-

FOR THE MEDICAL STAFF SERVICES PROFESSIONAL

November 5, 2002

«FIRSTNAME» «LASTNAME»«DEGREE»
«TITLE»
«PREFADD1»
«PREFADD2»
«PREFCITY», «PREFSTATE» «PREFZIP»

Dear «FIRSTNAME»:

This is to acknowledge receipt of your NYS Association Medical Staff Services dues for the year 2002. Thank you for renewing your association with our organization.

Enclosed you will find your new membership certificate. It is hoped that you will display these in a prominent place to encourage the spread of knowledge regarding the role of NYSAMSS in the Medical Staff Services/Credentialing profession. Spread the word!

As always, if you have any questions or comments, please feel free to contact any of the Board of Directors, who are listed in each issue of *The Empire Statement*. Again, thank you for renewing your commitment to NYSAMSS.

Sincerely,

Teresa Goss, CMSC, CPCS
Treasurer/Membership Chair

NYSHMSS

This is to certify that

<NAME>

is a current member in good standing in the
New York State Association Medical Staff Services
for the year

2002

~ NYSAMSS ~

FOR THE MEDICAL STAFF SERVICES PROFESSIONAL

July 29, 2009

«FirstName» «LastName»«CertDegree»
«Title»
«Company»
«Address»

Dear «FirstName»:

Welcome to the New York State Association Medical Staff Services! We hope you will find that our organization will assist you in your growth and development in this profession.

Included in this packet are:

- * President's Letter of Welcome
- * Board of Directors
- * Association By-Laws
- * Sample brochure from a recent Annual Educational Conference
- * Information Sharing Network Program Policy and Registration Form
- * Membership Certificate
- * Membership Roster
- * Membership Pin

At your convenience, please go to our website (www.nysamss.org) and review your Membership entry to verify that it is accurate. (Click on "Members Only"; User name: nysamss; Password: nymag, and enter your own name in the Search feature.) If there are any corrections, please let me know as soon as possible by phone (315-787-4170), fax (315-787-4169) or e-mail (teresa.goss@flhealth.org).

If you have any questions regarding the Association, please feel free to contact anyone on the Board of Directors. Your regional representative is «RegionRep».

Sincerely,

Teresa Goss, CPMSM, CPCS
Treasurer/Membership

NYSAMSS MEMBERSHIP ROSTER

| NAME/TITLE | HOSPITAL/BUSINESS | ADDRESS | PHONE/FAX | E-MAIL |
|----------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|---------------------------------------------|-----------------------------------|
| Abbott, Christiane, CPCS Dir., Credentialing & Prov. Info. | Contract Management Organization, LLC | 200 Corporate Drive, Yonkers, NY 10701 | P: 914-377-4691 F: 914-377-4791 | cabbott@montefiore.org |
| Agate, Susan Administrative Assistant | Westfield Memorial Hospital | 189 East Main Street, Westfield, NY 14787 | P: 716-793-2200 F: 716-326-3802 | sagate@svhs.org |
| Agatstein, Phyllis, CMSC | Medical Staff Consulting Services | 16 West 16th Street, #14HN, New York City, NY 10011 | P: 212-255-0862 F: | pagatstein@aol.com |
| Allen, Nancy, CMSC President | Medical Credentialing Systems | P.O. Box 1249, Gloversville, NY 12078 | P: 518-773-5805 F: 518-773-5080 | nballen@superior.net |
| Andreinci, Diane Director, Medical Staff Services | Calvary Hospital | 1740 Eastchester Road, Bronx, NY 10461 | P: 718-518-2221 F: 718-518-2676 | |
| Backiel, Elizabeth Administrative Mgr., Medical Staff | Catholic Medical Center | 88-25 153rd Street, Suite 5E, Jamaica, NY 11432 | P: 718-558-7035 F: 718-558-7079 | ebackiel@cmcnyc.com |
| Backus, Antoinetta Credentials Coordinator | Hudson Headwaters Health Network | 1 Broad Street Plaza, Glens Falls, NY 12801 | P: 518-761-0300 x 250 F: | abackus@hhhn.org |
| Barber, Judith, CMSC Medical Staff Coordinator | Auburn Memorial Hospital | 17 Lansing Street, Auburn, NY 13021 | P: 315-255-7202 F: 315-255-7382 | jbarber@dreamscape.com |
| Barry, Vicky Medical Affairs Coordinator | Oswego Hospital | 110 West 6th Street, Oswego, NY 13126 | P: 315-349-5734 F: 315-349-5681 | vbarry@oswegohealth.org |
| Baum, Lisa Mgr., Credentialing/Prov. Maint. | Capital District Physicians' Health Plan | 1223 Washington Avenue, Albany, NY 12206 | P: 518-641-3320 F: 518-641-3205 | lbaum@cdphp.com |
| Behlmer, Valerie Medical Staff Assistant | Staten Island University Hospital | 475 Seaview Avenue, Staten Island, NY 10305 | P: 718-226-8329 F: 718-226-1939 | valeriebehlmer@siuh.edu |
| Belolan, Ann Marie Registrar | Memorial Hosp. for Cancer & Allied Dis. | 1275 York Avenue, Room 2102C, New York, NY 10021 | P: 212-639-6790 F: 212-717-3178 | belolana@mskcc.org |
| Berardicurti, Donna Administrative Assistant | St. Ann's Nursing Home | 1500 Portland Avenue, Rochester, NY 14621 | P: 716-342-1700 x 432 F: 716-342-9166 | dberardicurti@stannscommunity.com |
| Bergman, Patricia Medical Affairs Coordinator | Woodhull Medical & Mental Health Center | 760 Broadway, Brooklyn, NY 11206 | P: 718-963-8570 F: 718-630-3031 | |
| Bogle, Maureen Medical Staff Coordinator | Hospital for Special Surgery | 535 East 70th Street, New York City, NY 10021 | P: 212-606-1464 F: | boglem@hss.edu |
| Boncal, Elizabeth Coord., System Verification Office | CHS System Verification Office | 565 Abbott Road, Buffalo, NY 14220 | P: 716-828-2061 F: 716-828-2243 | bbb848@wnychs.org |

FORM H

-NYSAMSS-

BIOGRAPHICAL INFORMATION

Office: (Check One) President-Elect _____ Secretary _____
 Treasurer _____ Member-At-Large _____

NAME: _____
 TITLE: _____ FACILITY: _____

ADDRESS: FACILITY HOME

PHONE: _____
 FAX: _____ E-MAIL _____

Certified Medical Staff Coordinator or Certified Provider Credentialing Specialist?
 Yes _____ No _____ If yes, date of Cert. _____ Recertified Date _____

Member, New York State Association Medical Staff Services (years) _____
 Offices held: _____

Member, Chapter of NYSAMSS (offices held) _____

Member, National Association Medical Staff Services (years) _____
 Offices held: _____

Number of continuing education hours during past four years _____

Higher education (what major) _____

Number of years in current position _____

Major responsibilities in present position _____

Do you have the support of your facility to work with NYSAMSS _____

Please use the following space to indicate your personal goals and objectives for the NYSAMSS and to tell us how you feel you could help the Association meet those goals. Feel free to add any additional comments that would help the voting members know you better.

FORM K

DATE

NAME
ADDRESS

Re: NYSAMSS 2009 Board of Directors

Dear xxx:

We are pleased to announce that NAME has been elected by her peers from the New York State Association Medical Staff Services to the position of xxx. NAME will serve on the NYSAMSS Board of Directors and will be a valuable asset to our team. We appreciate your support of NAME as she continues her active involvement and commitment to NYSAMSS as we continue to advance a healthcare environment that maximizes the patient experience through the delivery of quality services.

If you would like additional information about our organization, please do not hesitate to contact (Secretary?) at (---)-----.

Sincerely,

Barbra Post, CPMSM
Immediate Past President, NYSAMSS

cc: NAME

**NYSAMSS CONFERENCE PLANNING
TO DO LIST - 200__**

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|------------------------|
| BUDGET - 200__ | | | |
| Receive Budget for 200__ Conference | Treasurer to President-Elect | Early June 200__ | |
| TOPICS & SPEAKERS | | | |
| Gather Ideas for Topics/Theme | Planning Committee | September Board meeting | |
| Gather Speaker Availability & Cost | Planning Committee | Fall 200__ | |
| Prepare Summary of Topics, Speakers, Costs for Board | President-Elect | Fall 200__ | |
| Settle on Topic | Board | September Board meeting | |
| Settle on Speakers | Board | September Board meeting | |
| Obtain verbal, email, fax, mail commitment from speakers | President-Elect | Sept - Nov 200__ | |
| Send written confirmation to speakers - include draft conf brochure, speaker agenda, speaker bio, - hotel information: reservations, conf room location, - directions to hotel, room equipment | President-Elect | 7 days after September Board meeting | |
| Program materials to be rec'd from speakers | President-Elect | March 200__ | |
| Equipment needs to be rec'd from speakers | President-Elect | 14 days from letter to them | |
| Biographic profiles from speakers, if not already rec'd | President-Elect | 14 days from letter to them | |
| Post Conference Thank You Notes | President-Elect | One week after Conference | |
| CONTACT PERSON FOR SPEAKER ISSUES WHILE ON-SITE | | | |
| | | | |

FORM I

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------|------------------------|
| HOTEL | | | |
| Explore hotel availabilities – dates, location, etc. | Planning Committee | June following Annual meeting | |
| Prepare Summary of sites with costs for Board – email to Board | President-Elect | June 200_ | |
| Call hotel with date reservation | President-Elect | June 200_ | |
| Obtain written contract from hotel | President-Elect | June 200_ | |
| Arrange for equipment needs in conf room | President-Elect | April 200_ (yr of conf) | |
| Work with dietary on food/refreshment | President-Elect | April 200_ | |
| Reserve room for Pre-conference set-up Board meeting during conference | President-Elect | June 200_ | |
| Dietary orders for during board meeting | President-Elect | April 200_ | |
| <i>Hotel room reservation deadline</i> | | | |
| CONTACT PERSON FOR HOTEL ISSUES WHILE ON-SITE | President-Elect | | |
| | | | |
| Brochures | | | |
| Send “Save the Date” cards using rainbow cards Labels to be obtained from Membership chair | Membership Chair | January (year of conf) | |
| Submit ‘event’ to SYNERGY to begin publishing with January/February edition (Forms found in each edition of SYNERGY) | President-Elect | Prior to October SYNERGY deadline. | |
| Design using format approved in 2001 – use rainbow letterhead - Forward to Board for review & input - Final review to be done - Forward to Membership Chair for printing | President-Elect | February 200_ (yr of conf) | |
| Print brochure & any inserts (please identify) - scholarship information (for 2003 Conference registration & one night hotel) | President-Elect, Membership Chair, Member-at-Large | End February 200_ | |
| Mail brochure Labels/envelopes to be obtained from Membership chair | Planning Committee | End February/ Early March 200_ | |

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------|------------------------|
| Special Notices to: <ul style="list-style-type: none"> - New CMSC, CPCS's for previous year (May & November) - VIP Invitations (?) - Annual Conf Registration Door Prize Winner (_____) | List from President/ President-Elect for newly certified | | |
| REGISTRATION (pre-conference work) | | | |
| Registrations to be returned to: <i>Conference Registration Deadline</i> | Treasurer | April __, 200__ | |
| Confirmation Letters to be sent by: Include directions to hotel | Treasurer | Ongoing as rec'd | |
| Deposit Checks | Treasurer | | |
| Name tags to be printed, certification ribbons & Board ribbons to be added | Treasurer | Week of Conf | |
| Attendance List to be printed & distributed at conference (reminder - copy & send to NAMSS) | Treasurer | | |
| CONTINUING EDUCATION CREDITS | | | |
| Submit paperwork to NAMSS for CEU's <ul style="list-style-type: none"> - \$50.00 fee - Form (available on NAMSS website) - Bio profiles required of each speaker - Draft details on topics for attachment - Include agenda/brochure | President-Elect | January 200__ | |
| CEU Certificates to be sent to & by: | President-Elect | April 200__ | |
| Submit Attendance Roster following conference to NAMSS | President-Elect | 1 week following conference | |
| Investigate CME for physician attendees | President-Elect | | |
| DOOR PRIZES | | | |
| Solicit donations from Chapter Presidents | Planning Committee | January 200__ | |
| Solicit donation(s) from NE Region President and/or NAMSS | Planning Committee | January 200__ | |

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|------------------------|
| Solicit donation(s) from Vendors | Planning Committee | As soon as conference date is confirmed; Due by April 200__ | |
| NYSAMSS Conference Registration for following year Have certificate ready (2 copies – one for winner & one for NYSAMSS Secretary records) | Planning Committee w/Treasurer | Prepare cert before Conf | |
| Coordinate distribution of door prizes after each break, meals & end of conference <i>GET ATTENDEE LIST FROM T. GOSS PRIOR TO CONFERENCE – CUT FOR DRAWING</i> Door prizes to be removed from room at end of each day by Coordinator | Planning Committee w/Treasurer | At Conference | |
| RECOGNITION OF NEW CMSC & CPCS | | | |
| Purchase _____ for new CMSC & CPCS that are registered for conference (obtain list from President-Elect) | Planning Committee | April 200__ | |
| Recognition to occur during NYSAMSS Annual Meeting | President | | |
| List of all new CMSC & CPCS should be given to NYSAMSS Secretary for recording with 200__ Conference material (available from NAMSS web site or SYNERGY Issues) | Planning Committee | | |
| REGISTRATION (on-site at conference) | | | |
| Staff registration table to be distributed from the table-- - name tags - NYSAMSS bag w/meeting materials | Members-at-Large with assistance from local Chapter | | |
| <i>FYI - ON SITE REGISTRATION WILL NOT TAKE PLACE</i> | ----- | ----- | ----- |
| To be distributed at each place setting Note pads | | | |
| | | | |

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|------------------------|
| DISPLAY | | | |
| NYSAMSS Banner | Planning Committee | Night before or morning of conf | |
| NYSAMSS Table Display | Planning Committee | Night before or morning of conf | |
| Items for table: - NYSAMSS Membership brochure - NAMSS Information - Pens, letter openers, etc. | Membership Chair, Secretary | | |
| Display to be set up | Board of Directors | Night before or morning of conf | |
| Display to be taken down | Board of Directors | Last day of conf | |
| PROGRAM EVALUATIONS | | | |
| Create evaluation form for each day of conference | Members-at-Large | By Spring Board meeting | |
| Have ready for inclusion with conference material by | Members-at-Large | April 1, 200__ | |
| Bring something for evaluations to be deposited in | Members-at-Large | At conf | |
| Bring Evaluations to post-conf Board meeting for quick review | Members-at-Large | Board meeting immediately after Conf | |
| Evaluations to be tabulated & distributed to Board | Members-at-Large | One week from last day of Conference | |
| CONFERENCE MATERIALS | | | |
| Speaker Materials due to: | President-Elect | March 1, 200__ | |
| All other meeting materials due by: | President-Elect/Secretary | April 1, 200__ | |

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|------------------------|
| <p>For Conference Binders</p> <ul style="list-style-type: none"> - Day 1 Agenda - Day 1 Participant List - Day 1 Speaker Biographic Profiles - Day 1 Speaker Handouts - Day 1 Program Evaluations <p><i>DIVIDER</i></p> <ul style="list-style-type: none"> - Day 2 Agenda - Annual Meeting agenda - include all written reports - Day 2 Participant List - Day 2 Speaker Biographic Profiles - Day 2 Speaker Handouts - Day 2 Program Evaluations <p><i>DIVIDER</i></p> <ul style="list-style-type: none"> - NYSAMSS Membership Roster - Board of Directors Roster - Vendor List <p>Distribute at end of each day: CEU Certificate</p> | <p>Planning Committee All Board Members</p> | <p>April 15, 200__</p> | |
| <p>Purchase Binders (obtain count from Treasurer by:)</p> | <p>Planning Committee</p> | <p>Two weeks prior to Conf</p> | |
| <p>Collate material & insert into participant binders</p> <ul style="list-style-type: none"> - To be copied using 3 whole punch paper - Collate as much as possible prior to conference - Any loose ends, collate night prior to conference | <p>Planning Committee Board</p> | <p>April 30, __</p> | |
| <p>Note pads to be purchased or use surplus from previous year</p> | <p>Planning Committee</p> | <p>April 200__</p> | |

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------|------------------------|
| VENDORS | | | |
| Secure place at hotel for Vendors | Planning Committee | June 200__ (month after current conf) | |
| Solicit vendors – phone, email, mail, fax - Use NAMSS Vendor list, past NYSAMSS vendors, SYNERGY | Planning Committee | Notice – Fall 200__, solicit Jan 200__ | |
| Vendor Confirmations & Reminders - No payment, no display/marketing | Planning Committee | April 200_ | |
| Prepare Vendor List for Conference Material Binder | Planning Committee | April 15, 200_ | |
| Keep list/receipts of any expenses incurred (phone/fax, mail) | Planning Committee | 15 days from program | |
| Submit vendor fees to Treasurer | Planning Committee | Day 1 of program | |
| Send Thank You Notes to all vendors | Planning Committee | 15 days from program | |
| | | | |
| EXPENSE REPORTS | | | |
| Speaker Expense Reports due to Treasurer | Speakers | 15 days from program | |
| Board Member Expense Reports due to Treasurer - include conference registration | All Board Members, Planning Committee Members | 15 days from program | |
| Board Member Expense Reports due to Treasurer any expenses incurred for conference | All Board Members, Planning Committee Members | 15 days from program | |
| | | | |

| ACTIVITY | Board Position/ Person Name | ESTIMATED DATE TO BE DONE | ACTUAL DATE DONE |
|----------------------------------------------------------------------|--------------------------------|---------------------------------|------------------------|
| FOLLOW UP | | | |
| Settle all hotel bills: Conference Room Board meals Dietary | President-Elect; Treasurer | 30 days from date bill rec'd | |
| Forward Hotel/Dietary Evaluation Comments to [hotel] contact | President-Elect | 15 days from conf | |
| | | | |
| | | | |
| | | | |
| | | | |

ANNUAL CONFERENCE PROGRAM HONORARIA GUIDELINES

Speakers invited to make presentations at NYSAMSS sponsored conferences and seminars will be informed in advance, in writing, of the honoraria policy. NYSAMSS Board Members who are speakers are exempt from this policy

- A. Speakers, other than keynote speakers, are:
 - 1. Reimbursed for the following expenses:
 - a) Coach round trip airfare
 - b) Ground transportation by rail or
 - c) Ground transportation by auto at established rates per mile (refer to Expense Voucher, **Form N**)
 - d) One night's lodging prior to or following the event for each day of presentation
 - e) Related meal(s) (if not included during conference) to a maximum of \$50/day
 - 2. Program registration is waived
 - 3. Paid up to \$150 per session hour unless negotiated – otherwise prior consent of the NYSAMSS Board. Sessions that last more than one hour in length shall be pro-rated accordingly. Fee is per session and not per speaker.

- B. Expenses and honoraria for keynote speakers will be negotiated by the Program Committee Chairman with final approval by the President.

- C. Complimentary registrations with an invitation to attend will be extended to various "VIPs" including, but not limited to, representatives from the NYS Department of Health, MSSNY, HANYs, NAMSS Regional Representative, and others as determined by the Program Committee in consultation with the President.

NEW YORK STATE ASSOCIATION MEDICAL STAFF SERVICES

EXPENSE REPORT

Name _____ NYSAMSS Position _____

Address _____

Phone: (Home) _____ (Work) _____

TRAVEL EXPENSES

Purpose of Trip _____

Dates _____ Destination _____

| DATES | | | | | |
|------------------------------------|--|--|--|--|--|
| Airfare | | | | | |
| Public Transportation | | | | | |
| Mileage (\$.505/mile-as of 1/8/08) | | | | | |
| Parking | | | | | |
| Tolls | | | | | |
| Hotel | | | | | |
| Meals: Breakfast | | | | | |
| Lunch | | | | | |
| Dinner | | | | | |
| Gratuities | | | | | |
| | | | | | |
| TOTAL EXPENSES/DAY | | | | | |

ADMINISTRATIVE EXPENSES

| DESCRIPTION | AMOUNT |
|------------------------|-----------|
| Printing/Copying: | \$ |
| Postage: | \$ |
| Office Supplies: | \$ |
| Other: | \$ |
| | |
| | |
| TOTAL EXPENSES: | \$ |

TOTAL REIMBURSEMENT: \$ _____ For Office Use Only: Check # _____ Date Paid _____

INSTALLATION CEREMONY (Have elected officials stand in front of room facing the audience. President-Elect and retiring President should stand at the right of the installing officer who is the Immediate Past President).

As the elected officials of a prominent organization in the healthcare community, you are accepting leadership which is of utmost importance. You have been elected as leaders of your Board of Directors and are knowledgeable about problems of the healthcare environment and regulatory issues relating to credentialing. Therefore, a greater responsibility rests upon you as the officers of the New York State Association-Medical Staff Services. During your coming term of office, you will be identified as the official representatives of your Board by the business-men and women of your professional arena. You will, in this coming term of leadership, enjoy many new and lasting friendships and will experience the personal satisfaction that comes only through service, collegial cooperation, and unselfish interest on behalf of others. Your reward will be great – a new secret of living – that comes only to those who practice the art of giving.

OATH OF OFFICE *Please raise your right hands.*

You do solemnly and sincerely promise and swear that you will administer the office to which you have been selected to the best of your ability and judgment in conformity with the constitution and bylaws of the New York State Association-Medical Staff Services.

That you will observe and implement the Mission of the New York State Association-Medical Staff Services.

That you will uphold, promote and support the mission, goals and objectives of the National Association-Medical Staff Services.

That you will in all your acts be governed by the principles of honesty, justice and fair play, and in every manner possible endeavor to promote and safeguard the best interest of our organization and the welfare of its membership.

Do you so subscribe? *(You may lower your hands.)*

By virtue of the authority conferred upon me, I do hereby proclaim each of you to be duly installed into the office to which you have been elected.

-NYSAMSS-

FOR THE MEDICAL STAFF SERVICES PROFESSIONAL

Thank you for your interest in advertising with NYSAMSS.

NYSAMSS does not endorse any products. We do support professional product and service companies who wish to reach like-minded professionals in the medical staff community. We have made available a limited amount of space in a revolving annual contact on our website. The following format and sizes are available. Click thru rates are monitored, and a report will be emailed twice during the advertising cycle.

| Ad Size | Cost | Type |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> 160 x 600 </div> | <p>\$500.00 per year. Revolving ad appearing on all pages in a higher placement ratio(weighted)</p> | <p>Jpeg (jpg) or gif format. Size is 160 x 600px Not to exceed 100k</p> |
| <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> 180 x 150 </div> | <p>\$300.00 per year. Revolving ad appearing on all pages. Ad placement ratio is middle weight.</p> | <p>Jpeg (jpg) or gif format. Size is 180 x 150px Not to exceed 100k</p> |

| Ad Size | Cost | Type |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>125 x 125</p> </div> | <p>\$275.00 per year. Revolving ad appearing on all pages. Ad placement ratio is middle weight.</p> | <p>Jpeg (jpg) or gif format. Size is 180 x 150px Not to exceed 100k</p> |
| <div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>120 x 240</p> </div> | <p>\$400.00 per year. Revolving ad appearing on all pages. Ad placement ratio is heavy weight.</p> | <p>Jpeg (jpg) or gif format. Size is 120 x 240px Not to exceed 100k</p> |

Ad creation is the responsibility of the advertising entity. NYSAMSS reserves the right to approve all ads submitted for placement.

You may submit your ad via e-mail to: teresa.goss@flhealth.org

Please make checks payable to "NYSAMSS" and send to:
 Teresa Goss, CPMSM, CPCS
 NYSAMSS Treasurer
 32 Sprucewood Drive
 Geneva, NY 14456

~ NYSAMSS ~

FOR THE MEDICAL STAFF SERVICES PROFESSIONAL

INFORMATION SHARING NETWORK PROGRAM

In response to an identified need, the Board of Directors of NYSAMSS re-established the Information Sharing Network as a benefit for NYSAMSS members. The focus of the ISN is intended to be continuing education and networking by those members of NYSAMSS who have volunteered to participate. It is not to be used for the purpose of soliciting business.

Any NYSAMSS member who wishes to participate in the Information Sharing Network may join via the website at www.nysamss.org under "Info Sharing". Participants are not expected to respond to each and every query, only those in which they feel they have something to contribute. Members may choose to opt out of ISN participation at any time simply by so indicating on the website or by notifying Teresa at the above e-mail address.

Any NYSAMSS member who wishes to query the Information Sharing Network may do so by submitting it through the website. Those queries will then be forwarded to the ISN Members who have agreed to participate. Queries may consist of requests for such things as sample policies or forms. Polls may also be taken of participating members to determine community practice.

~ NYSAMSS ~

FOR THE MEDICAL STAFF SERVICES PROFESSIONAL

INFORMATION SHARING NETWORK
TERMS OF USE POLICY

NYSAMSS Members who wish to query the Information Sharing Network will submit a request directly to the ISN Coordinator via the website at www.nysamss.org or by e-mail at teresa.goss@flhealth.org. The ISN Coordinator monitors the content and appearance of all initial queries sent to ISN members; queries deemed questionable will be referred to the NYSAMSS Board for review before being posted. NYSAMSS reserves the right to refuse any query for any reason whatsoever, at our sole discretion. However, it is impossible for NYSAMSS to monitor, review, edit or delete responses to these queries prior to distribution. Therefore, participants agree that neither NYSAMSS, nor any person or entity associated with them other than the person posting the message, will be held responsible for the contents, accuracy, completeness or validity of any information posted in them. Any user who believes that a posted reply is objectionable is encouraged to contact the ISN Coordinator immediately by e-mail at teresa.goss@flhealth.org. Upon receipt of such notification, NYSAMSS will make every effort to take such action as we deem necessary within a reasonable period of time within the above limitation.

Participants are to provide a signature block on ALL messages for identification purposes. Signatures blocks should include name, facility, and city at a minimum.

Participants are not to double post messages, i.e. sending the request to the Information Sharing Network and another chat group or individual in the same message. The ISN is a service made available for the EXCLUSIVE use of participating NYSAMSS members and should remain within that group. Participants are not permitted to forward ISN messages with identifying information to anyone without the explicit permission of the author of the message. No information, including query responses or e-mail addresses, is to be shared with any outside party or vendor.

Participants agree not to use the ISN to post any material, or links to any material, which is knowingly false and/or defamatory, inaccurate, abusive, vulgar, hateful, harassing, obscene, profane, sexually oriented, threatening, invasive of a person's privacy, or otherwise violating any law. In addition, participants agree not to post any copyrighted material without the express permission of the copyright holder, unless such copyright is owned by you. Advertisements, chain letters, pyramid schemes, and solicitations of any kind are not to be posted on the ISN.

In the event of any complaint or legal action arising from any message posted by a participant, NYSAMSS reserves the right to reveal the identity and any other information we may know about you. Failure to abide by the above Terms of use will result in immediate removal from the ISN group, in addition to any other penalty determined to be appropriate by the NYSAMSS Board up to and including permanent revocation of NYSAMSS membership.

ISN REGISTRATION FORM

Yes, I would like to be included in NYSAMSS' Information Sharing Network group. I understand that participation is voluntary and that I may opt out of the ISN group at any time. I hereby certify that I have read the above Terms of Use Policy and agree to abide by its requirements.

Name: _____

Preferred E-Mail Address: _____