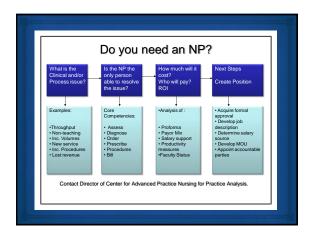


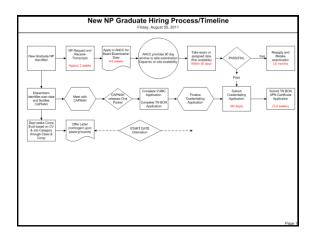
Objectives

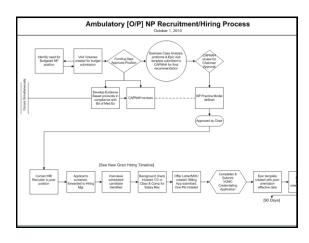
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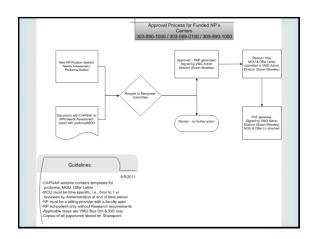
- Understand the business case supporting new and existing NP billing providers
- ${\it CR}$ Gain new knowledge surrounding funding
- Audit and compliance processes

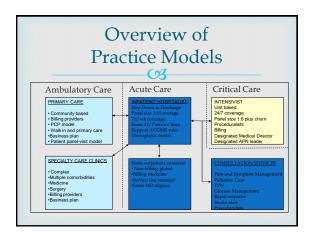
MD time for nonclinical duties Reduce LOS Improve continuity Physician productivity Patient throughput Improve access ACGME limits 0% 20% 40% 60% 80% 100%

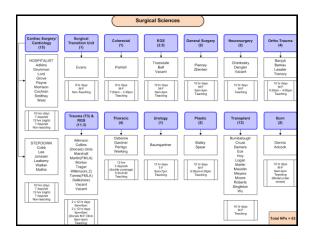


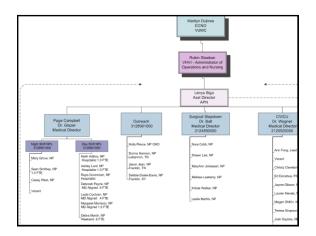


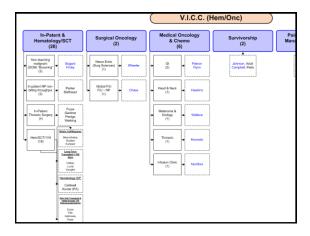


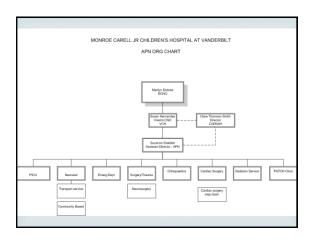












Funding Principles OR Department Administrator responsible for clinical and financial oversight based on terms of MOU Consider cost report Consider cos funding new and evolving ambulatory practices which is time limited Gap fund difference between □ Dean and Vice Chancellor taxes revenue and expenses waived Funding agreement captured in MOU TAXES Hospital based cost center created for critical and acute care NP billing providers revenue mapping and reporting Revenue maps to cost center*** Mapping oversight is crucial

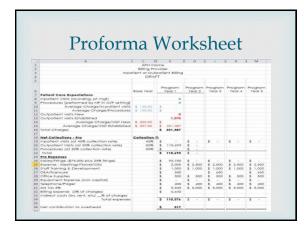
Billing

-(3

"Just because you can doesn't mean you have to"

Two schools of thought:

- 1. Bill because revenue is there waiting to be captured
- 2. Not bill because revenue is minimal so not worth the trouble





- Rhysician perception of revenue impact
- Coding to physician rather than NP
- □ Incorrect mapping revenues to physician cost center

œ"Burden" of supervision

Checks and Balances

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- - ☑ Funding sources
 - 🗷 Percent work effort
 - 🕶 Revenue mapping
 - ☑ Income distribution
 - ☼ Firewall for research funding

Billing Committee established: Votes to approve or reject

Billing Approval



- № Notifications:
 - ☑ Credentialing/privileging office
 - 😋 Payer enrollment
 - 🕶 Epic
 - ☑ Prorates office
 - ☼ Finance
 - ☑ Billing and coding
 - ☑ Departments/hiring manager
 - ☑ Individual provider

Implementation Considerations

- 1. Physicians must commit to training the Nurse Practitioners; typically experience a 6 month learning curve.
- 2. Physicians must be committed to including an NP in their practice and allocating return visits to the NP in order to sustain financial viability of the NP position.
- 3. Three to four months will be required to establish protocols and navigate the credentialing process
- 4. Protocols established must have joint agreement from the Nurse Practitioners and Physicians
- 5. Potential expenses incurred by Nurse Practitioner includes office space, transcription and MA support.

Financial Report Example Visual Control of Control of

Compliance



- All billing providers undergo compliance audit within 6 months of initial appointment and annually thereafter
- ☼ First audit is a one-on-one with compliance officer (primarily educational)
- □ Deficits identified, repeat audit in six months
- ${\ensuremath{\mbox{\ensuremath}\ensuremath{\mbox{\ensuremath{\mbox{\ensuremath{\mbox{\ensuremath}\en$

Final Audit



- Where bills submitted with insufficient documentation or NO documentation = Fraud

- \mathbf{R} 100% of all charts then audited for one month
- NP fined for costs related to 100% chart audit