

ACUTE CARE SUMMIT

NP as Billing Provider



September 2011

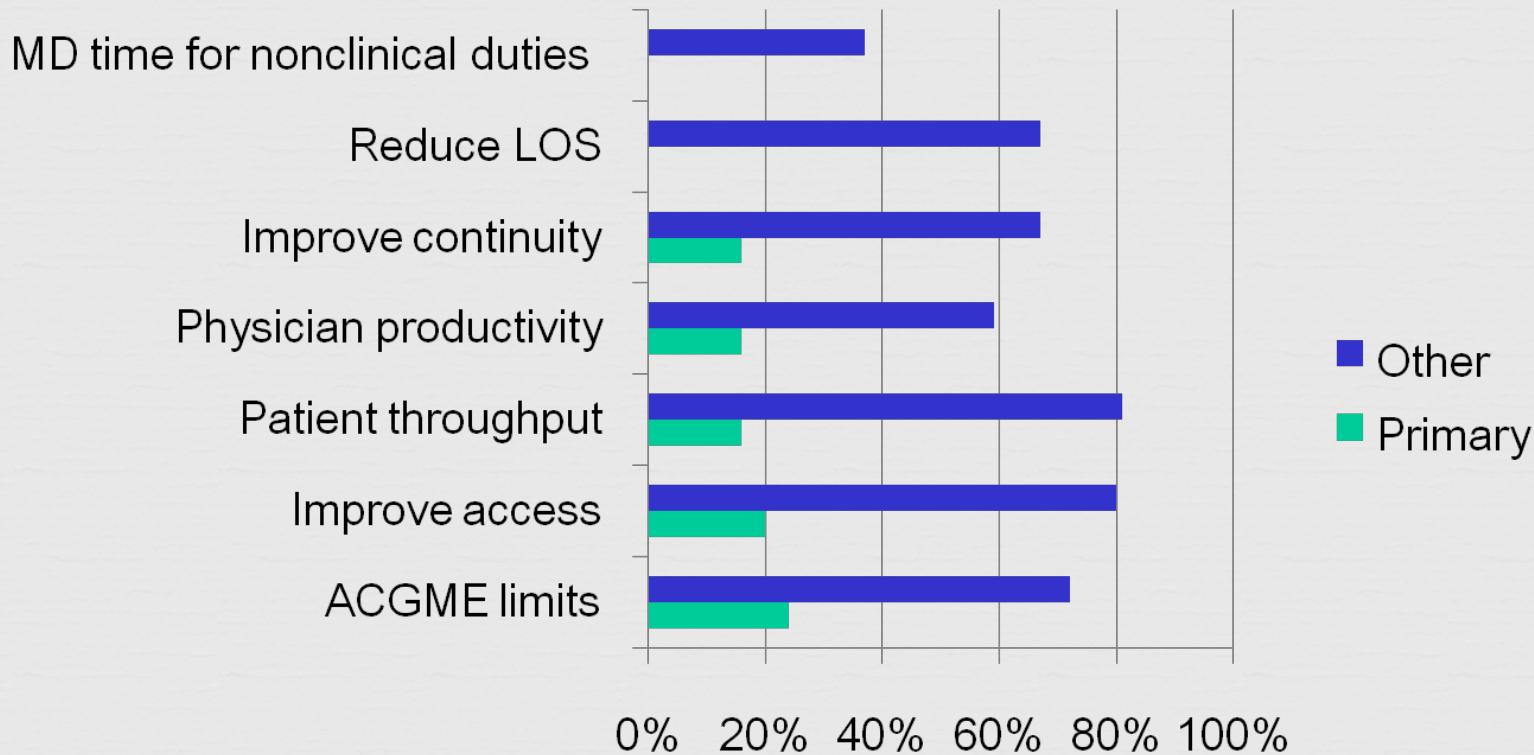
Clare T. Smith, MSN, RN, JD, FAANP

Objectives

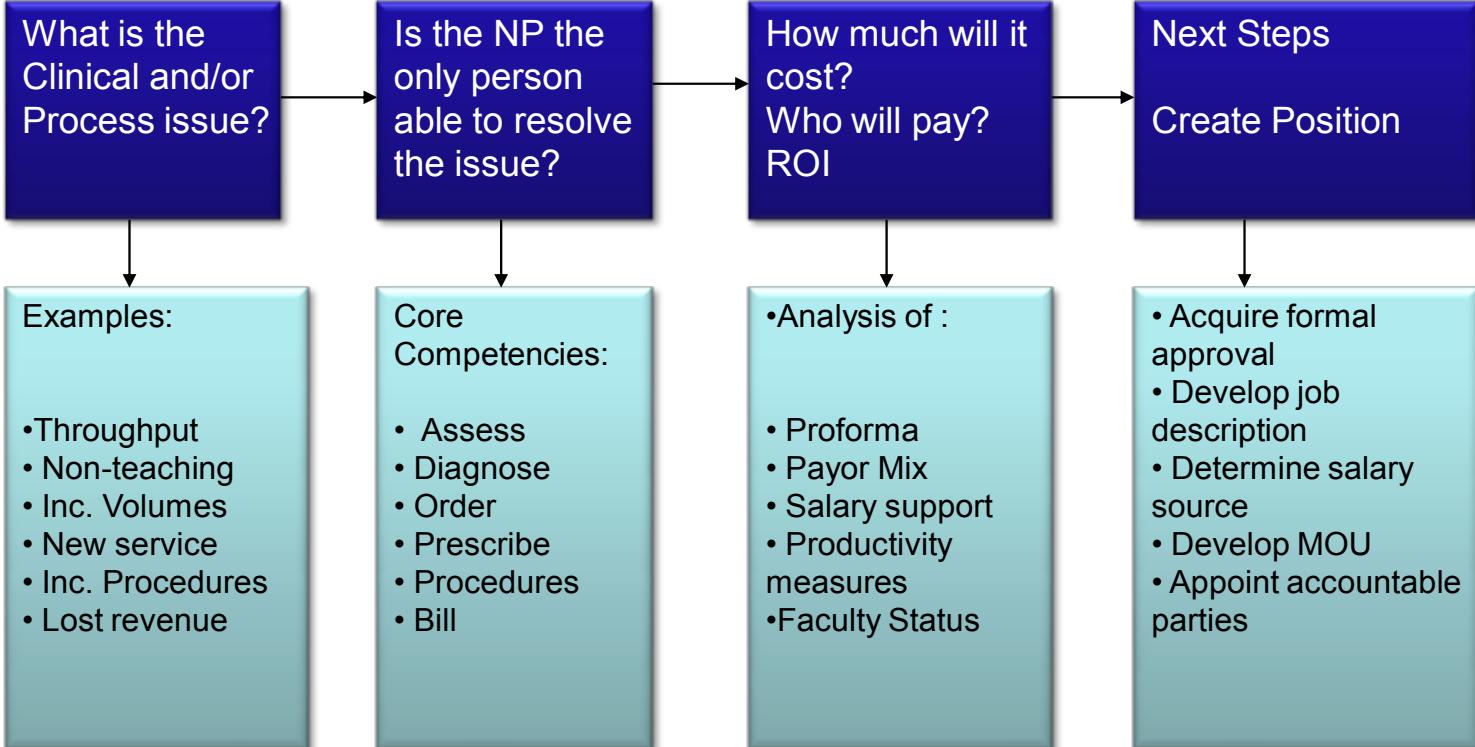


- ❖ Articulate process for determining new NP positions
- ❖ Understand the business case supporting new and existing NP billing providers
- ❖ Gain new knowledge surrounding funding
- ❖ Capture productivity measures
- ❖ Audit and compliance processes

Key Drivers For Utilization

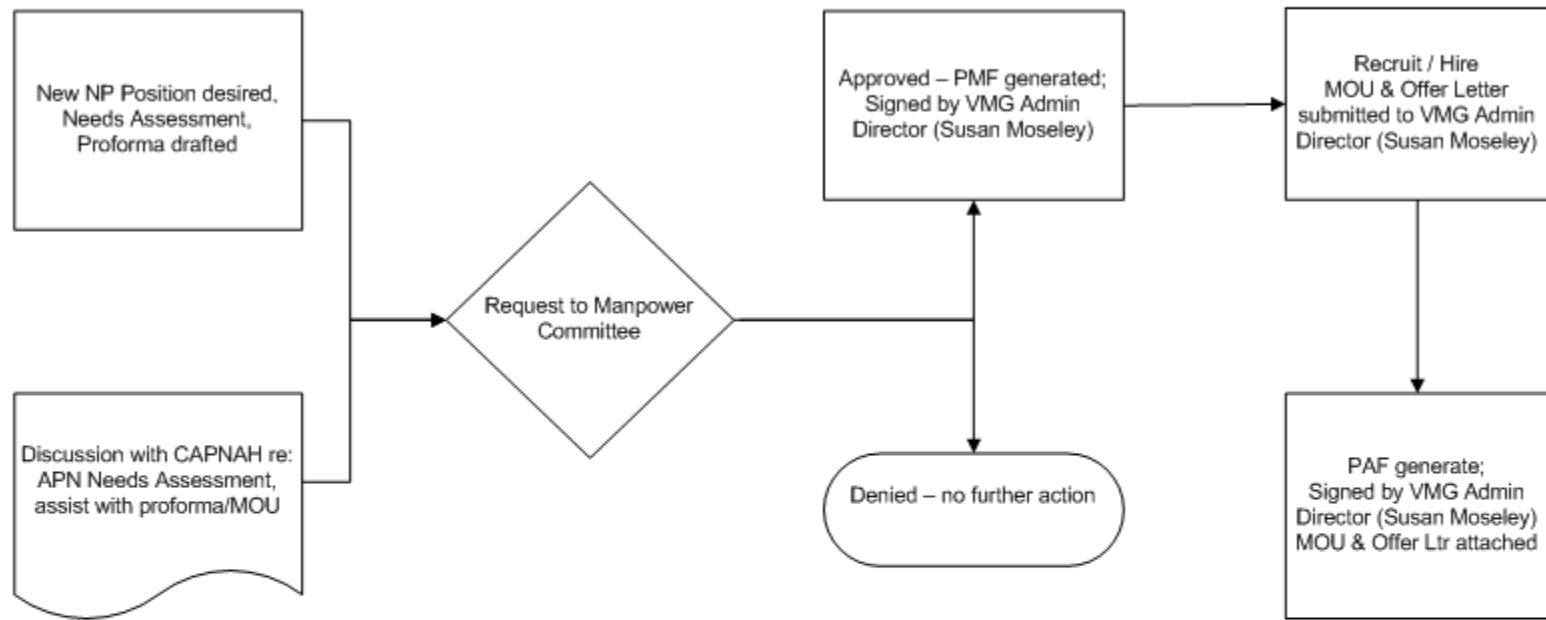


Do you need an NP?



Contact Director of Center for Advanced Practice Nursing for Practice Analysis.

**Approval Process for Funded NP's
Centers**
303-890-1000 / 303-989-0100 / 309-890-1000



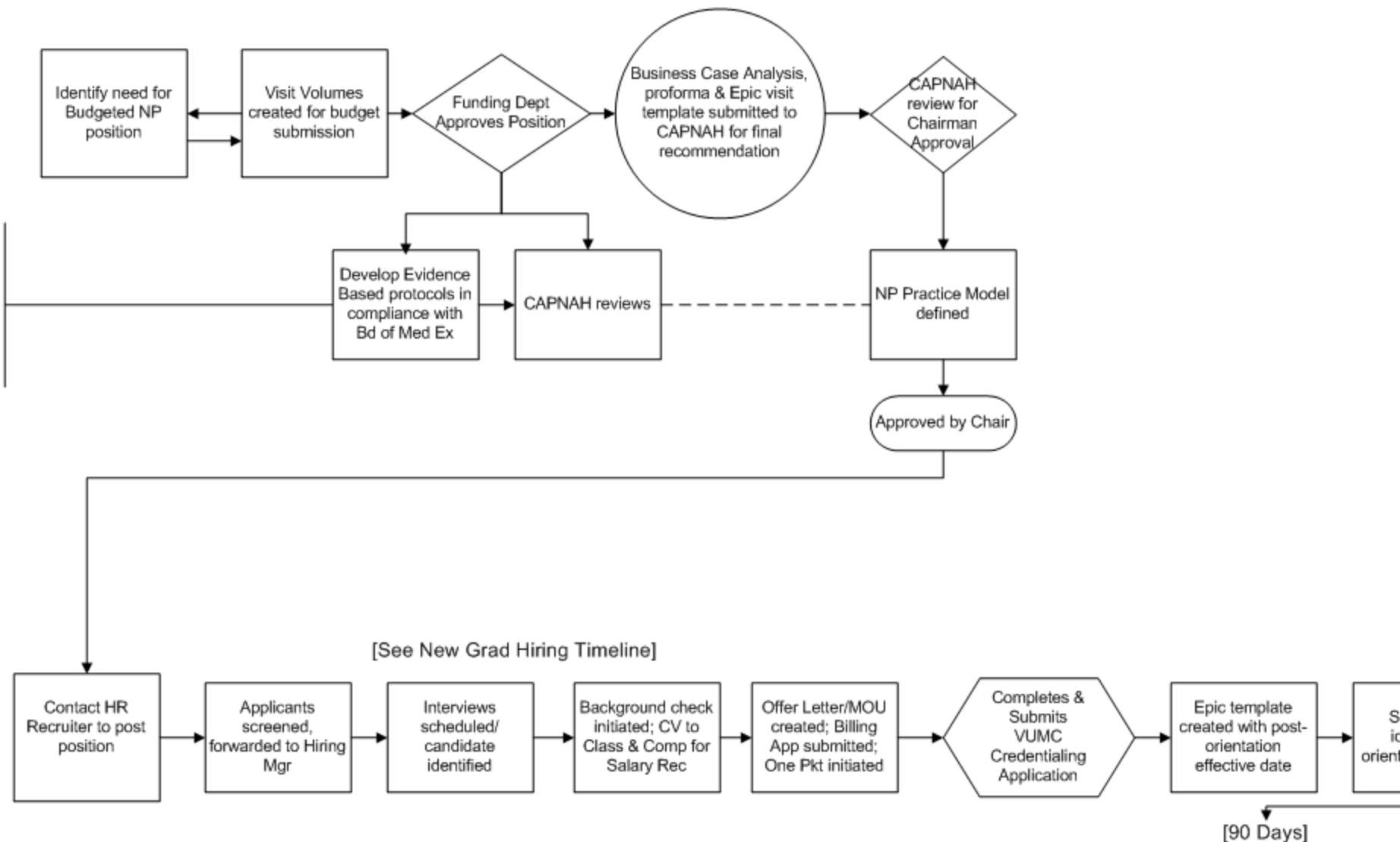
Guidelines:

8/5/2011

- CAPNAH website contains templates for proforma, MOU, Offer Letter
- MOU must be time specific, i.e., 6mo to 1 yr reviewed by Administration at end of time period
- NP must be a billing provider with a faculty appt
- NP out-patient only without Research requirements
- Applicable taxes are VMG Bus Ofc & IDS only
- Copies of all paperwork stored on Sharepoint

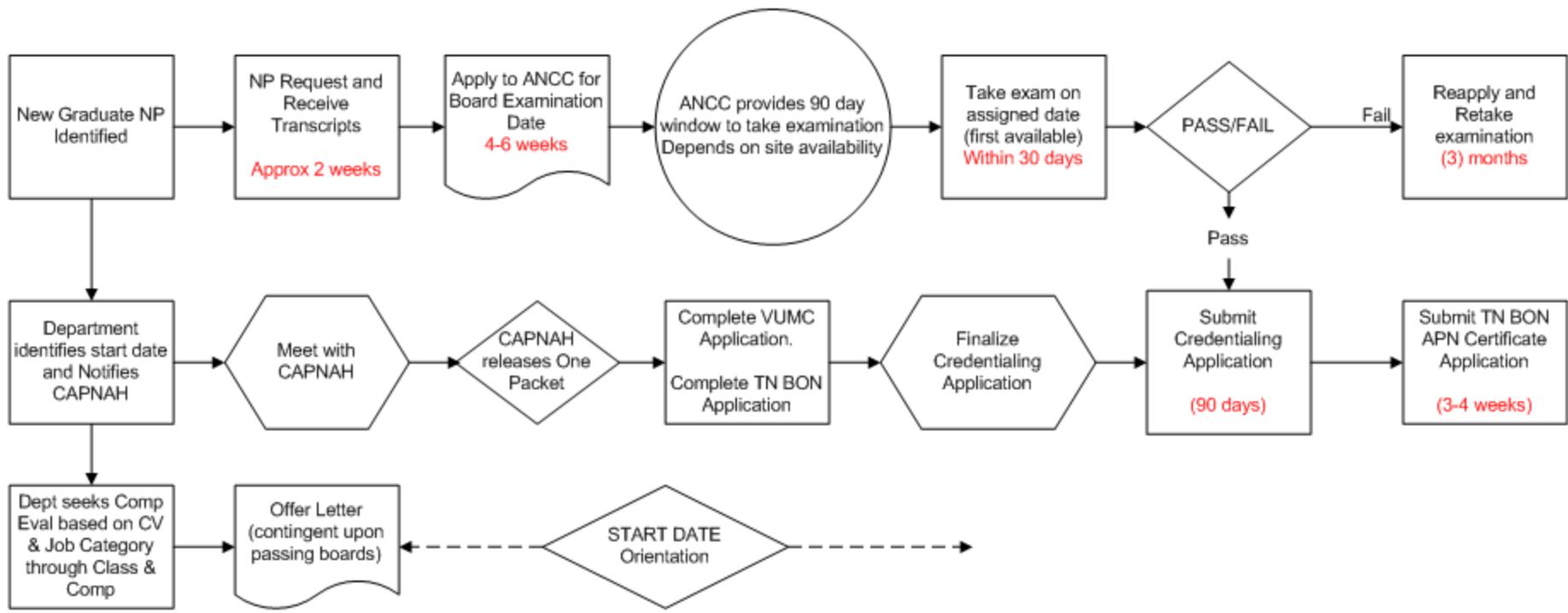
Ambulatory [O/P] NP Recruitment/Hiring Process

October 1, 2010

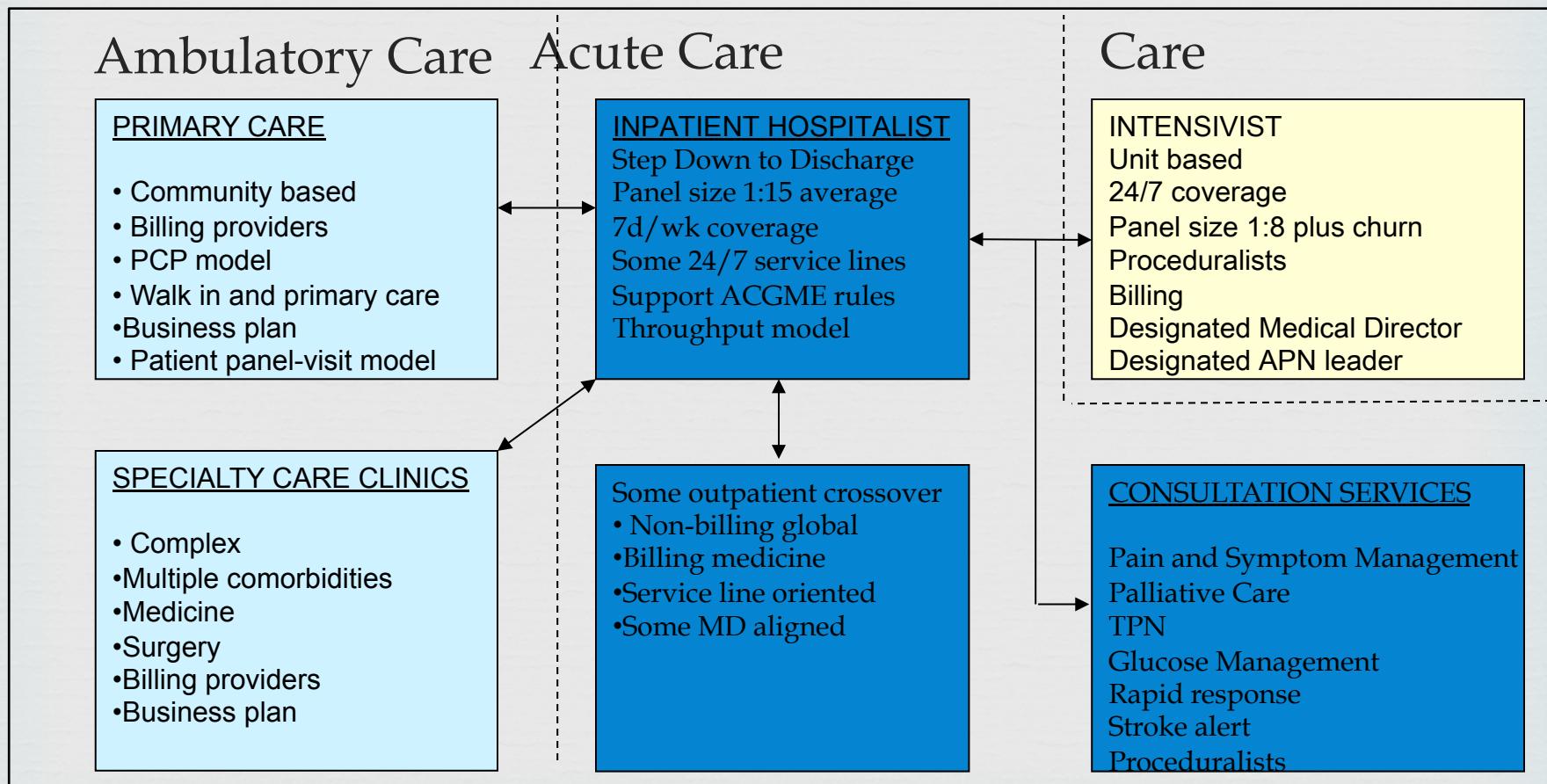


New NP Graduate Hiring Process/Timeline

Friday, August 05, 2011



Overview of Practice Models



Surgical Sciences

**Cardiac Surgery/
Cardiology (15)**

HOSPITALIST
 Adkins
 Grummon
 Lord
 Grove
 Payne
 Morrison
 Cochran
 Smithey
 West

10 hrs (day)
 7 days/wk
 13 hrs (night)
 7 days/wk
 Non-teaching

STEPDOWN
 Cobb
 Lee
 Jorissen
 Leaberry
 Walker
 Mathis

10 hrs (day)
 7 days/wk
 13 hrs (night)
 7 days/wk
 Non-teaching

Surgical Transition Unit (1)

Evans

8 hr days
 M-F
 Non-Teaching

Colorectal (1)

Parrish

8 hr days
 M-F
 7:00am – 3:30pm
 Teaching

EGS (2.5)

Truesdale
 Bell
 Vacant

10 hr days
 M-F
 6am-4pm
 Teaching

General Surgery (2)

Piercey
 Zbinden

10 hr days
 M-F
 6am-4pm
 Teaching

Neurosurgery (2)

Cherkesky
 Dengler
 Vacant

10 hr days
 M-F
 Teaching

Ortho Trauma (4)

Barzyk
 Berkau
 Lasater
 Trenary

10 hr days
 M-F
 5:30am – 4:00pm
 Teaching

**Trauma (T3) &
RGS (11.3)**

Atkinson
 Collins
 (Donais) clinic
 Marshall
 Martin(FMLA)
 Morton
 Trager
 Wilkinson(.2)
 Torres(FMLA)
 Delle(new)
 Vacant
 Vacant

Thoracic (4)

Osborne
 Gardner
 Perrigo
 Werking

12 hrs
 3 days/wk
 (double coverage)
 5:30-6:30
 Teaching

Urology (1)

Baumgartner

13 hr days
 T-F
 6am-7pm
 Teaching

Plastic (2)

Bailey
 Spear

10 hr days
 M-F
 6:30am-4:30pm
 Teaching

Transplant (13)

Bumbalough
 Cruze
 Demers
 Eck
 Hoy
 Logan
 Martin
 Mauldin
 Meyers
 Moore
 Roberts
 Singleton
 Wu

Burn (2)

Dennis
 Adcock

10 hr days
 M-F
 6am-4pm
 Teaching
 (Model under review)

**2 x 12 hr days
 6am-6pm
 2 x 12 hr days
 6pm-6am
 (Donais M-F Clinic
 8am-4pm)
 Teaching**

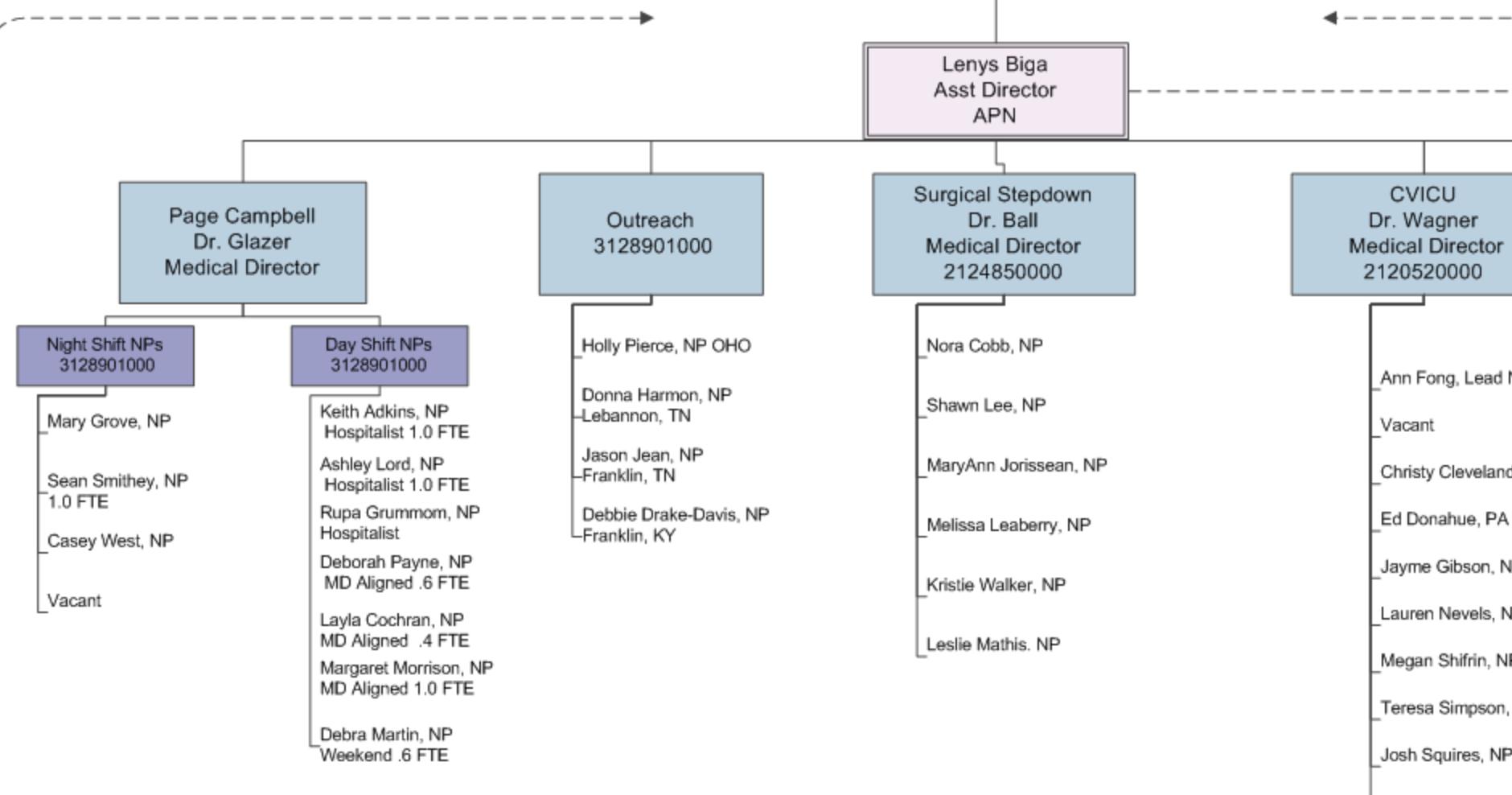
10 hr days
 M-F
 Teaching

Total NPs = 63

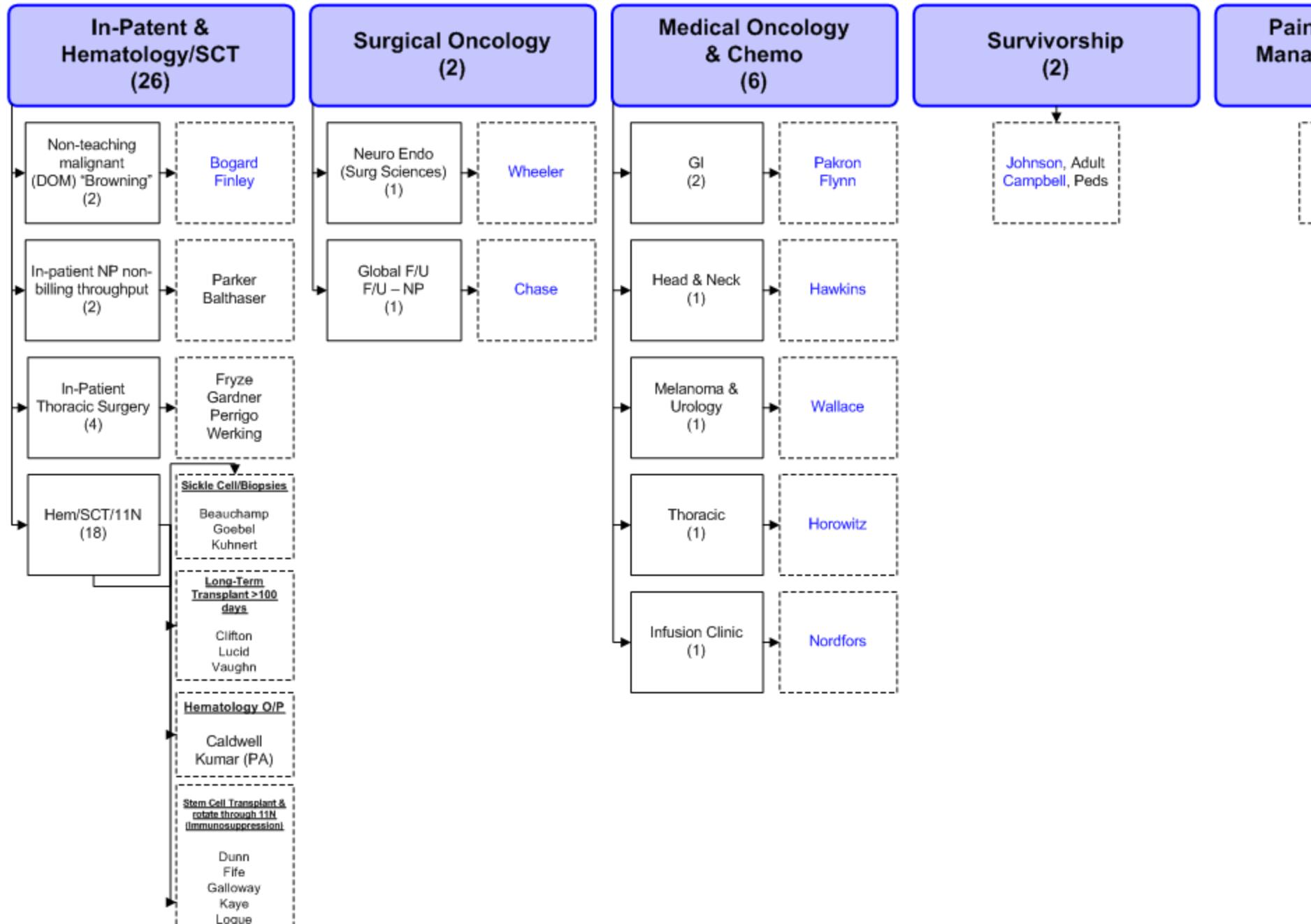
Marilyn Dubree
ECNO
VUMC

Robin Steaban
VHVI - Administrator of
Operations and Nursing

Lenys Biga
Asst Director
APN

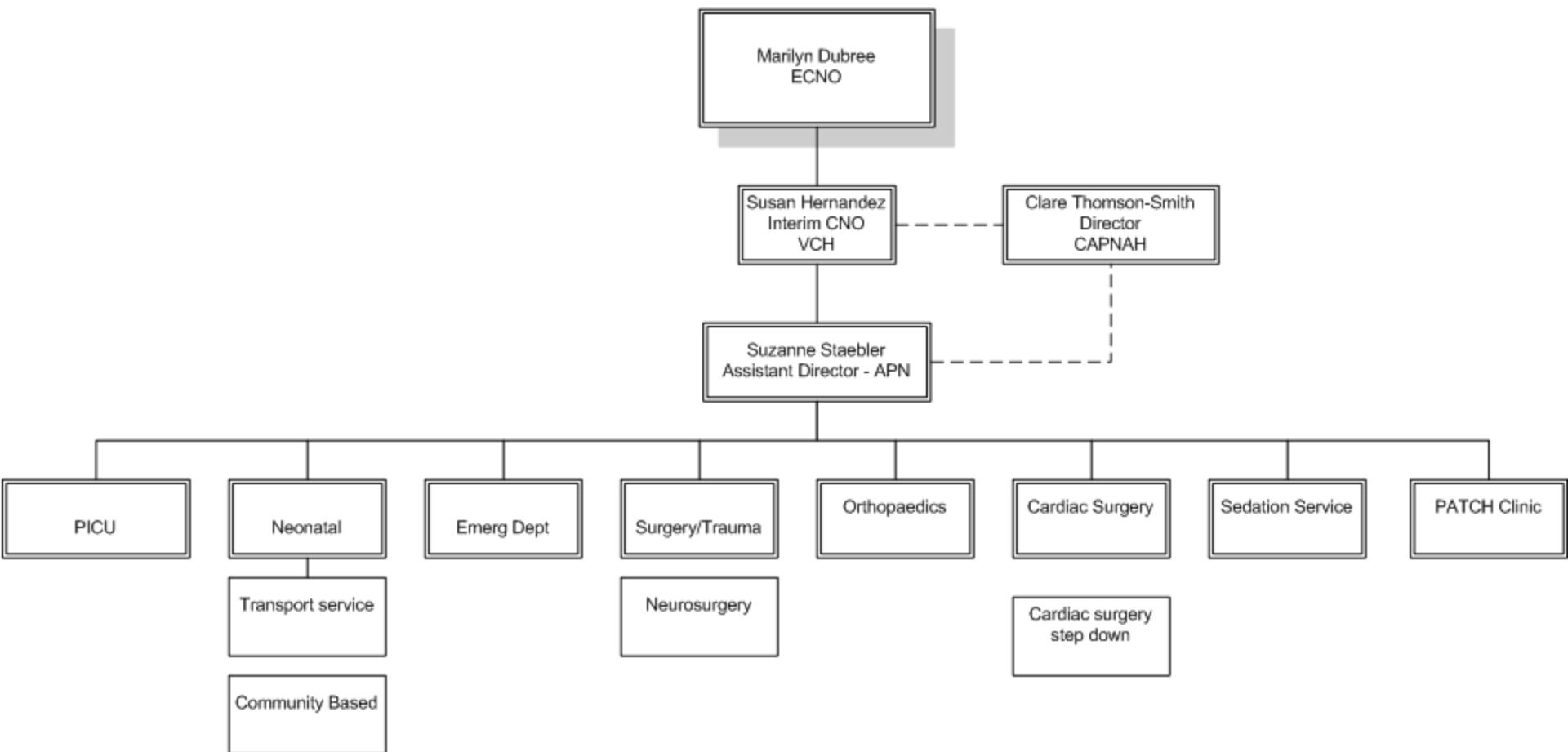


V.I.C.C. (Hem/Onc)



MONROE CARELL JR CHILDREN'S HOSPITAL AT VANDERBILT

APN ORG CHART



Funding Principles



- ❖ Consider cost report
 - ❖ Cost center dedicated to gap funding new and evolving ambulatory practices which is time limited
 - ❖ Gap fund difference between revenue and expenses
 - ❖ Funding agreement captured in MOU

 - ❖ Hospital based cost center created for critical and acute care NP billing providers
 - ❖ Revenue maps to cost center***
 - ❖ Mapping oversight is crucial

 - ❖ Taxes
 - ❖ Dirty little secret
-
- ❖ Department Administrator responsible for clinical and financial oversight based on terms of MOU
 - ❖ Dean and Vice Chancellor taxes waived
 - ❖ Financial oversight relative to revenue mapping and reporting
 - ❖ Financial reports mandated

Billing



“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

Proforma Worksheet

Appointment Template Worksheet

Challenges



- ❖ Physician perception of revenue impact
 - ❖ Coding to physician rather than NP
 - ❖ Incorrect mapping revenues to physician cost center
-
- ❖ “Burden” of supervision

Checks and Balances



- ☞ Billing application form
- ☞ 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

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
- ❖ If deficits persist, enter third and final audit

Final Audit



- ❖ Where bills submitted with insufficient documentation or NO documentation = Fraud
- ❖ Facility obliged to pay back payors
- ❖ Billing privileges suspended
- ❖ 100% of all charts then audited for one month
- ❖ NP fined for costs related to 100% chart audit