Effective and Compliant Utilization of Nurse Practitioners and Physician Assistants

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Disclaimer

This is an educational program. This program is not intended as legal advice. Please engage competent legal counsel and other professionals, as necessary, before taking any action in reliance on the content presented or provided during today’s program.
Goals

• Questions to Answer

  ➢ How has the changing landscape of healthcare practitioners impacted the utilization of NPs and PAs?
  ➢ What are the typical educational requirements for NPs and PAs?
  ➢ Is there patient demand for NP and PA services?
  ➢ What are the legal implications for use of NP and PA practitioners?
  ➢ What is the scope of practice for these practitioners?
  ➢ What reimbursement is available for NPs and PAs?
Overview

- Landscape of Healthcare Practitioners
- NP and PA Education
- Patient Demand for NPs and PAs
- Quality of Care of NPs and PAs
- Scope of Practice Laws
- Collaboration and Supervision
- Reimbursement
Practitioner Landscape

- 180,233 Nurse Practitioners
  - Indiana
- 83,466 Physician Assistants
  - Indiana
- 834,769 Active Physicians
- 397,130 Primary Care Physicians
  - Pediatrics – 70,967
  - OBGYN – 45,043
  - Family Medicine – 116,933
  - Internal Medicine - 164,187

Source: Kaiser Family Foundation
Demand for NP and PA Services

Projected Supply and Demand, Physicians, 2008-2020
(ALL SPECIALTIES)

2020: Shortage of 91,500 Physicians Including 45,000 Primary Care Physicians

Source: Assoc. of American Medical Colleges
Demand for NP and PA Services

Consumer Demand

Immediate Care From NP or PA vs. Waiting for a Physician

prefer a physician assistant or nurse practitioner 60%
prefer to wait 25%

Source: Association of American Medical Colleges (AAMC) Consumer Survey
Demand for NP and PA Services

Consumer Demand

Preference by Age Group

Clinician Preference by Age

Source: Washington Post and Health Affairs
Questions About Quality

Quality of Care

- **Nurse Practitioners**
  - 80% to 90% of Care Study
  - 2000 Study Published in the Journal of the American Medical Association
  - Systematic Review of 26 Studies Published Since 2000
  - 2012 Study – Impact level of practice of NPs has on outcomes of Medicare and Medicaid patients

- **Physician Assistants**
  - 2004 Journal of American Geriatrics Society
  - 2004 American Surgeon Published Study
EDUCATION
NP and PA Education

• Nurse Practitioner Education
  ➢ Must be Licensed as a Registered Nurse
  ➢ Must hold a Graduate Degree or Certificate
  ➢ Program Length – 2 to 3 Years
  ➢ Experience in Clinical Settings

• Physician Assistant Education
  ➢ Must be an Accredited Program
  ➢ Program Length – 2 to 3 Years
PRESCRIPTIVE AUTHORITY
Nurse Practitioner Prescriptive Authority

- Indiana
  - Prescribing Authority Contingent on Collaboration
  - Schedule II - V
  - 5% Random Sampling of Charts and Medications Prescribed for Patients
  - Authority to Prescribe if within Scope of Practice
  - No Prescriptions for Weight Loss or Obesity
    - Changes in 2015
Physician Assistant Prescriptive Authority

- **Indiana**
  - Requirement that PA practice for one (1) year after graduating and for at least 1,800 hours – This is not required for non-controlled substances.
  - Schedule II - V
  - Limitations related to prescribing, administering, and monitoring general anesthesia.
  - Prescriptive Authority is Delegated from Physician to PA
  - No Prescriptions for Weight Loss or Obesity
    - Changes in 2015
LEGAL RESPONSIBILITIES
Supervision of Physician Assistants

- Indiana
  - Physical Presence Not Required
  - Physician Review of Patient Encounters by PA
  - Physician Supervision of Maximum of 2 PAs at Once
  - 2015 Changes
    - Does this impact current utilization in FQHCs and CHCs?
Legal Responsibility of Physician Assistants

Physician and PA Obligations

Physician Obligations
Nurse Practitioner Collaboration

- Collaboration vs. Supervision
- Requirement of Collaboration Alone
- Who Can be a Collaborator?
- What is Collaboration?
- Independent Practice
  - How does this impact utilization?
SCOPE OF PRACTICE
Nurse Practitioner Scope of Practice

- Federal
  - Delegated to states.

- Indiana
  - Patient Assessment
    - Identify conditions
    - Diagnose
    - Develop treatment plans
    - Evaluate patient outcomes and
    - Collaborate or refer in managing plan of care.
  - Advanced Knowledge
    - Educate patients and health team members
  - Independent Decisions
  - Plan, Implement, and Develop Plan of Care
Physician Assistant Scope of Practice

- Federal
  - Delegated to states.

- Indiana
  - Prohibited from Independent Practice
    - The Indiana code specifically prohibits this
  - Scope is Limited to Supervising Physician
    - Identify conditions
    - Diagnose
    - Develop treatment plans
    - Evaluate patient outcomes and
    - Collaborate or refer in managing plan of care.
  - Delegation to Plan, Implement, and Develop Plan of Care
BILLING AND REIMBURSEMENT
• Nurse Practitioners can enroll as billing, group, dual or rendering providers in the following specialties:
  - Pediatric NP
  - Obstetric NP
  - Family NP
  - General NP

• Reimbursement Rates
  - Nurse practitioners, once enrolled as an IHCP provider must then apply directly to the managed care entities:
  - MDWise – NP is considered a Primary Care Practitioner with Physicians – PAs are not included.
  - Employed by Physician Group (general term) then 100%
• Physician Assistants
  ➢ PAs are not separately enrolled as providers.

• Is this concerning for Practices?
  ➢ The primary issues here is that a PA would be providing services incident to a physician’s services at all times for the clinic’s patients. This means, “Furnished as an incidental, although integral, part of a physician’s professional services.”
  ➢ This creates operational issues for practices with a high proportion of Medicaid patients.
Medicare Reimbursement

• Nurse Practitioners
  ➢ Authorized By State Law
  ➢ Requirements
  ➢ Service Requirements
    • Collaboration
    • Authorized to Perform Physician Services
    • Incident to NP Services
Medicare Reimbursement

- Nurse Practitioners
  - Billing Medicare
    - Bill directly under his or her NPI
    - Bill under employer
    - Incident to – Service billed under physicians NPI
    - Incident to – If incident to NP service then must bill under NP’s NPI
  - Payment
    - 85 Percent of Physician Fee Schedule
    - Assistant at Surgery Service – 85% of 16% of what physician is paid.
    - 100% if Incident to
Medicare Reimbursement

- Physician Assistant
  - Billing
  - Payment
  - Supervision Required
  - Services
Commercial Reimbursement

- Nurse Practitioners
  - Enrollment
  - Billing

- Physician Assistants
  - Enrollment
  - Billing
Reimbursement

- Incident To Billing
  - Requirements

- Shared Service Billing
  - Requirements

- Direct Billing Option
  - NPs Only
Questions?