



From Our President...

Nancy O'Rourke

It is with great excitement that I am able to share with all members that our PCP Bill has passed. Although I had thought all members were aware of the legislative initiative and success, I received an email that made me realize we still have work to do in this area. I received an email from a nurse practitioner who wanted to know what level of involvement the Coalition had in House Bill 921. This piece of legislation will allow consumers to choose NPs as their primary care providers. She did not know that we had filed this legislation, or that we were actively lobbying it all year! The NP was concerned that Mass Medical Society had entered testimony and no NP organization had responded. She felt this was important legislation. I responded to her concerns and assured her that, given this was our legislation, we were on top of it and responding as needed. I hope I reassured her.

Inside This Issue

From Our President	1
AANP Inducts Four NPs in 2008	1
The Passage of Our Bill	2
Education Committee Report	2
The Treasurer's Report	3
MCNP Website Redesign	3
Regional Chapter Report	6

But her message to me was clear, the rank and file of the NP community do not know what the Coalition is doing and what legislative issues we are supporting.

Over the past year we have moved forward on many important agendas. And we have dodged many bullets along the way. No small feat and not without the support, time and efforts of many. We have advanced the legislation to gain recognition as primary care providers, both in the House and in the Senate. And we are extremely happy to report that bill has passed. In addition, we have acted as

Please see *From our President* on page 4

American Academy of Nurse Practitioners Inducts Four Massachusetts NPs in 2008

Lisa Arello

In January 2008, Rosemary "Mimi" Secor, MS, Med, NP of Upton was selected as a Fellow in the American Academy of Nurse Practitioners. She is a founding member of the Massachusetts Coalition of Nurse Practitioners, and President Emerita, Senior Advisor of NPACE in Natick, MA. Ms. Secor is a national speaker and consultant in women's health. She travels extensively around the country speaking at both regional and national conferences. In addition, she works as a nurse practitioner with Helen Carcio, NP in South Deerfield, Massachusetts.

In June 2008, the AANP inducted Joyce Pulcini, PhD, APRN, BC, FAAN; Constance Morrison, DNP, JD, MBA, PMHNP, BC, CNS; and Kathleen Miller, EdD, ACNP-BC.

Dr. Pulcini has been a nursing leader for the past 30 years. She has directed three nurse practitioner programs and is currently Associate Professor and Director of the Pediatric Nurse Practitioner Program at the Boston College Connell School of Nursing. She is a founding member of NPACE. Dr. Morrison is an attorney and nurse practitioner

Please see *AANP* on page 4

The Passage of Our Bill And It's Implications for Practice

Craven & Ober, Policy Strategists

MCNP members and all nurses attained major gains in the Massachusetts Legislature's passage on July 31st of Senate President Therese Murray's initiative known as Health Care Reform II: Containing Cost and Improving Quality. This legislation is on the heels of the state's passage of massive reform just last session to insure every citizen of the Commonwealth.

**Massachusetts
now joins 24
other states
that recognize
the NP as a
Primary Care
Provider**

For Nurse Practitioners, their role and services are a pivotal component of

Education Committee Report

Barbara Rosato, Chair of Education Committee

In May 2008, approximately 350 Nurse Practitioners from Massachusetts, New Hampshire, and other New England states gathered in Manchester, New Hampshire for the 15th annual Northeast Regional Nurse Practitioner Conference. Sponsored by MCNP, New Hampshire Nurse Practitioner Association, and Boston College Connell School of Nursing Continuing Education Program, the conference offered adult, pediatric, acute care, women's health, and psychiatric topics. Our keynote speaker, Kelly Tuthill, opened the conference with an insightful and thoughtful presentation detailing her experience with the health care system during her diagnosis and treatment of breast cancer. Her keynote address paralleled our theme: "A Reflection of the Health Care System: Strategies to Improve the Access and Delivery of Health Care".

The MCNP Annual Business meeting was held during lunch on Thursday. This was an opportunity to hear about the work of the President, Officers, and Coalition committees; to vote in new officers for Vice Presidency and Recording Secretary and to network. On Friday, Chairs of the Legislative

the bill. For the first time, all health insurers will be required to recognize NPs as primary care providers and list them in directories along side other primary care providers so consumers may choose them to coordinate and direct their care. This also makes NPs more transparent in the health care delivery system, making it easier to measure and report the outcomes of the care they deliver. Massachusetts now joins 24 other states that recognize the NP as a primary care provider in the law!

The bill's 62 sections has many other provisions notable for advancing NP practice and the NP role. Of note the bill:

Please see *Our Bill* on page 5

Committee presented an update of our pending PCP legislation and other bills that impact advanced practice nursing in Massachusetts, as well as BORN updates.

MCNP would like to extend a special thanks to the members of the Education Committee: Ann Dirr, Bonnie Dirr, Marion Growney, Maggie McAllister, Barbara Rosato, and Debra Stevens for their hard work and dedication.

New this year was the offering of Industry Sponsored Dinner symposia on Thursday evening at local restaurants. This provided an opportunity for attendees to earn more educational credits outside of the conference.

Please see *Ed Report* on page 6

Treasurer's Report: Show Me the Money

Cathy McKinnon

Our primary source of **income** continues to be from Membership Dues. Having had one of the best membership years to date with 1217 current members, we collected approximately \$87,625.00 in dues this past fiscal year. Additional revenue came from profit from the 2007 NE Regional NP Conference and advertising on the web, with the sale of mailing labels and paid job advertisements on our e-mail list generating another \$13,300.00.

In terms of projected **spending** for the 2007–2008 fiscal year, our big-ticket items were:

Administrative Support for the Organization and Regions: \$45,000 (Bookkeeping, Membership Processing, Telephone and E-mail Support, and CEU programs, including Labor, Postage and Supplies)

Lobbying: \$28,000

Database Management, Web, List Serve, and Newsletter: \$28,000

Legal and Accounting Fees: \$6,500

While our membership dues and advertising revenue would appear to be a substantial base for our operating budget, our expenses

Please see *Treasurer's Report* on page 5

Website Redesign: MCNP Moving Forward

Cathy McKinnon and Linda Kellett Web Re-Design Committee

Phase 1 of our new website site is up at www.mcnpweb.org

With the first phase of the new site, we are set-up with on-line credit card renewals through Paypal; however, since it is not yet integrated with the database, online renewal is only an option for renewing members (who are already in the database). New members, at least for the next 1 to 2 months, will have to download a paper application and mail it in.

Once the new site is complete, it should be fully integrated with the database, allowing for members to join on-line, and by logging in, update their information and e-mail preferences. Existing members who renew now with Paypal will be asked at a later date to log on and review/update their information.

Please see *Website Redesign* on page 4

Univ. of Massachusetts Announces DNP Programs

Approval to offer the DNP degree has been received by the University of Massachusetts. Programs will be available at the UMass Boston campus and the UMass Worcester campuses beginning Fall, 2008 and the UMass Lowell campus in the Fall of 2009.

Exceptional Preceptor Awards

Susan Frazier Committee Chair

The Massachusetts Coalition of Nurse Practitioners presented the second annual Exceptional Preceptor Awards to five nurse practitioners who showed "excellence as a nurse practitioner and as a preceptor". The recipients for 2008 are: Leah Callan, Bresnahan Medical Associates; Patricia Hanrahan, Boston Medical Center; Stacy Kirkpatrick, Boston Healthcare for the Homeless; Miguel Olmedo, Family Health Center of Worcester; and Nicole Rogalski, Urban Medical Group. These nurse practitioners were nominated by their peers or students for exhibiting expert patient care skills, being creative in their approach to nursing care and/or teaching, having a positive effect on clients and peers, and utilizing current research in their care and teaching.

From our president from page 1

advisors and consultants for the Department of Public Health in the Minute Clinic debates, protecting the scope of NP practice and we have been advisors to the Health Care Cost and Quality Council. We have developed relationships with key legislative leaders and succeeded in keeping our PCP language included in the Senate President's health care package.

Your Executive Committee and the PAC work tirelessly, attending fund raisers, lobbying at State House hearings (often at a minute's notice) and working with legislators to advance our cause. Our membership has rallied multiple times with monies to support legislators and with phone and email communications to push through an important message. This is the message: Nurse Practitioners are here and we have a big voice. We will be part of the future of health care in Massachusetts.

But we still have a lot of work to do if some of "our own" do not know who we are and what we are

AANP from page 1

who owns a consulting firm specializing in continuing legal education, forensic science education, malpractice/risk management, and advanced practice nursing consulting. She is an international speaker and advocate for NP practice at the state and national levels. She is a founding member of the Department of Homeland Security.

Dr. Miller is Professor and Associate Dean for Advanced Practice Nursing at the University of Massachusetts, Worcester campus. She is a Fellow in the AACN Leadership for Academic Nursing Program, Helen Fuld Health Trust. Dr. Miller works as a NP with hospitalized elders and has had multiple publications.

doing. The word is not permeating the NP community and we *need* to get the message out there! Every NP in Massachusetts needs to hear what our agenda is and how we are working towards achieving our goals.

Send our information out on your own email to those you know are not members, and invite them to join us. Keep your co-workers informed. And ask them to help us when legislative challenges arise, members or not. We need them to recognize us and to know our goals and agenda. We need to spread the word. This is not just my job, or the role of the Executive Committee. The ownership for this is on each and every member.

I have challenged you in the past to recruit new members. And you have risen to this challenge and have increased our membership. Thank you and keep it up! I now challenge you to spread the word. Let your colleagues know what we are doing to support them, their practice and our future. I vow to make the Coalition more public and bring it to the rank and file NPs. I will get the word out, publicly and professionally to as many NPs as possible. And I ask you to do the same.

Webdesign from page 3

Our e-mail lists remain a valuable part of our website system, enabling us to communicate with our members regarding practice related news, legislation, regional offerings, and job opportunities. Unfortunately, many workplaces and commercial e-mail servers are filtering MCNP e-mails. Once the new e-mail list service is in place, we will continue to work on this problem. Our goal to develop a paperless system depends on our members receiving all of their e-mail correspondence.

To reiterate, the new site is not yet complete. There will be changes made and other pages added. Let us know if you have any feedback, suggestions, or concerns. We hope you like the new look of the site.

Treasurer's Report from page 3

continue to increase, and as for the past 2 years, we have again this year had to dip into our reserve funds to cover our expenses for the last quarter of the fiscal year.

The MCNP officers had a lengthy debate last year about a possible dues increase and the potential impact this would have on our Membership. Since we feared it might discourage members from joining/renewing, we voted to keep dues the same. We are still committed to keeping our dues at the current rate and are looking at ways to save money and operate more efficiently with several initiatives, including:

"Please renew your membership, encourage your colleagues to join, and consider making an additional contribution to the organization."

1. The redesign of our website and database system to make them more user driven with hope of substantially decreasing our database labor and web management costs.
2. An effort to go paperless and reduce printing and postage costs by encouraging our members to utilize on our e-mail system for newsletters, meeting notification and membership notices.

The Bottom Line: We depend on your membership dues to keep the organization running. It is our goal to keep membership dues the same. In addition to our responsibility to be fiscally conservative, the best way for to us to ensure this is to increase our membership base. So **PLEASE** renew your membership, encourage your colleagues to join, and consider making an additional contribution to the organization.

Our Bill from page 2

Focuses on "providers", not just physicians;

Establishes a new Health Care Workforce Center with a particular emphasis on primary care, including NPs. The Center will develop short and long term policies to address workforce shortages;

Creates a new loan forgiveness program for doctors, NPs and nurses who commit to practicing in certain specialties;

Requires the recognition of NPs for consumer choice and increased access to primary care;

Authorizes a MassHealth "Medical Home" Demonstration project to encourage primary care "providers" to adopt a coordinated, patient-centered care model;

Establishes a Pharmacy Academic Detailing Program to education "providers" who prescribe, on the use of therapeutic alternatives in lower cost brand names and generic drugs;

Creates an affordable housing model for health care "professionals" committed to providing care in under served regions;

Establishes a Nursing and Allied Health Workforce Development Trust Fund to increase the nursing workforce and creates loan forgiveness/incentive programs for graduates who commit to serve as nursing faculty for specified number of years;

Directs the MassHealth Payment Policy Advisory board to study methods of improving reimbursement or bonuses for "providers" engaged in primary care.

Please know that the MCNP not only lobbied for the passage of our Primary Care Provider language, we directly influenced the loan forgiveness, Medical Home Demonstration Project and Nursing and Allied Health Workforce Development Trust Fund to include NPs!

Regional Chapter Reports

North Shore

**Margot Kingston and
Geri Berlin-Cohen**

The North Shore region had another productive year. We were able to offer 8 educational programs, most with CEUs. Thanks to the efforts of Pamela Caires, CEU chair, we have an exciting line up of programs for the coming year. We held our annual end of year meeting in May. Most of the current officers have chosen to stay on another term. We are still looking for one more CEU committee member. Gerri Berlin Cohen and Margot Kingston will continue another term as Co-Chairs.

There seems to be the same 60–75 members who attend our meetings on a regular basis. We encourage all NPs in the North Shore region to join us and become more involved in the MCNP family. Bring a colleague to our next meeting in September. The NS region holds monthly meetings on the second Tuesday of the month September through May with no meeting in December.

We would like to recognize Joanne Chane for her many, many years as an officer in the NS region. She has held just about every officer position over the years and has shown great dedication to our organization on both the local and State levels. Joanne has retired from full time work and is enjoying life. With admiration and gratitude we wish her well.

Congratulations go out to Vanessa Preble and Charles Fowler on the birth of their son, Mason Owen Fowler and also Ann Herzog-Rousseau and Norm Rousseau on the birth of their daughter Natalie Katherine Rousseau.

Merrimack Valley

Beth Rowlands

The Merrimack Valley Chapter remains active with attendance at programs close to 30 each month. Chapter meetings are usually in the Andover or Chelmsford areas throughout the fall and spring. Our first meeting after the summer break will be on September 22nd on Fibromyalgia. In October we will hear a non-branded talk on insomnia and in November we have planned a Vaccine Update. Watch the MCNP web site for further details on these programs. We welcome new members and students to join us at any of our chapter meetings.

Ed Report from page 2

During the reception, MCNP honored Dr. Susan Jo Roberts, DNSc, with the Distinguished NP award. The reception area highlighted excellent poster presentations and allowed for discussion with the presenters.

MCNP would like to extend a special thanks to the members of the Education Committee: Ann Dirr, Bonnie Dirr, Marion Growney, Maggie McAllister, Barbara Rosato, and Debra Stevens for their hard work and dedication. To ensure the same success as this year's conference, the committee has started the planning of the 2009 conference with plans to offer evidence based, clinically relevant topics that encompasses basic and advanced clinical issues for nurse practitioners in all practice settings and specialties. As always, we are open to any suggestions you may have. We are excited to be holding next year's conference at the Marriott Boston Newton, in Newton, Massachusetts. Please save the dates: May 7–9, 2009. We look forward to seeing you there!

Getting Paid in Private Practice: What Every Nurse Practitioner Should Know

Amber Nunes, ANP

Most nurse practitioners enter private practice without a good understanding of how to navigate the world of reimbursement. It can be rather intimidating and is usually handled by someone else in the practice. However, understanding the fundamentals of reimbursement is as equally important to your practice as providing quality health care to your patients. It is critical for nurse practitioners to have a working knowledge of the basics of credentialing, billing and reimbursement and maintain some level of involvement in this process within the practice. Not doing so, can lead to errors in billing practices that could be considered fraudulent, with the final responsibility resting with the nurse practitioner. This article summarizes some credentialing basics and how nurse practitioners can bill appropriately for their services in Massachusetts.

In the state of Massachusetts, nurse practitioners are credentialed by Medicare, Medicaid (Mass Health), Blue Cross Blue Shield (BCBS), Fallon, and Connecticare of Massachusetts. With the exception of Aetna, where credentialing is optional, and Neighborhood Health Plan, who has started a pilot program, no other third-party payers in Massachusetts credential nurse practitioners. This lack of recognition as a credentialed provider forces practices to bill for the NP's services under their supervising physician's or group's provider number, thereby keeping the care that the NP provides hidden.

The credentialing process is unique to each of the five insurance companies listed above, but usually includes an application process that requests information on your education, certification, work history, previous malpractice claims, and proof of liability insurance. In addition, most payers require proof of that you are working in collaboration with a physician and have written practice guidelines in

place. There is no application costs involved, and most application forms can be found online.

The Council for Affordable Quality Healthcare (CAQH) is a national organization that operates a universal credentialing data source that strives to simplify the credentialing process. It allows providers to submit one standard credentialing application to one source, the CAQH credentialing application database, to satisfy the credentialing requirements of the health plans participating in the initiative. A similar organization was developed locally in January, 2005. Healthcare Administration Solutions Inc. (HCAS) was founded as the result of a commitment by major Massachusetts health plans to collaborate in administrative simplification initiatives. HCAS uses the universal credentialing data source operated by CAQH. Participating plans include Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health and Tufts Health Plan.

Medicare reimbursement in Massachusetts is managed by a local contract agency or insurance carrier called the National Heritage Insurance Company (NHIC). The credentialing application can be downloaded from the Centers for Medicare & Medicaid Services (CMS) website. Once completed it is submitted to NHIC, Corp in Hingham, MA. All communication necessary throughout this process goes through NHIC. You can expect the Medicare credentialing process to take up to 3-4 months. Nurse practitioners planning to apply for credentialing through Blue Cross Blue Shield must have a Medicare provider number unless they are working in pediatric/neonatal specialties.

The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider

Getting Paid from page 7

Enumeration System (NPES). This system provides clinicians with their National Provider Identification number (NPI). The NPI is a unique, government issued standard identifier mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The purpose of the NPI is to improve the efficiency and effectiveness of the electronic transmission of health information. Providers must submit their NPI numbers to each health plan in which they have a contract.

Once the credentialing process is completed, the nurse practitioner is assigned an individual provider number by each insurance company. This number is what is used on the universal billing form, known as the CMS-1500 claim form, and identifies the NP as the provider who rendered care. Medicare also requires the practitioner's NPI number on the claim form. The Nurse Practitioner is then reimbursed at a rate of 85% of the fee schedule allowed for physicians, with the exception of Mass Health (100% reimbursement) and Conecticare (80% reimbursement).

In general, Medicare requires that practices bill services under the provider number of the individual performing the service. Billing all services provided by the nurse practitioner under the supervising physician is unwise and can heighten concerns among third party payers regarding fraudulent billing practices. Medicare does however, allow services rendered by nurse practitioners to be billed under their supervising physician's provider number and reimbursed at the 100% rate when very specific criteria are met. This exception is known as "incident-to" billing. To submit bills under the "incident-to" provision of the Medicare regulations,

Understanding the fundamentals of reimbursement is as equally important to your practice as providing quality health care to your patients.

all of the following eight conditions must be met:

1. The service must be covered under Medicare;
2. The service must be within the NP scope of practice as defined by state law;
3. The service must be medically necessary;
4. It must be a service that is typically performed in the physician office;
5. The physician must be in the office suite to assist and direct the nurse practitioner as necessary at the time care is delivered;
6. The services must be performed by employees of the supervising physician, the physician's group or the physician's employer;
7. The physician must initiate the course of treatment of which the NP's services are a part;
8. The physician must perform subsequent services of sufficient frequency to reflect the physician's continuing active participation in managing the course of treatment;

In summary, "incident-to" billing cannot be used when the nurse practitioner is seeing a new patient, an existing patient with a new problem, or a patient who is seen at a time when the supervising physician is not in the office suite. The availability of the physician by phone or somewhere in the institution does not constitute supervision according to Medicare standards. Consequently, the majority of the services rendered to Medicare patients will be reimbursed at the 85% physician fee schedule rate. Blue Cross Blue Shield has a similar system to allow for NP services to be billed under the supervising physician's provider number but with a different set of guidelines. For the service to be billed under the physician's provider number, all of the following criteria must be met:

1. The NP is credentialed with BCBS;
2. The physician is on-site when care is rendered, defined as present in the immediate vicinity and available to assist and direct the NP during the time care is provided;
3. The physician is actively involved in the

Getting Paid continued on page 9

Getting Paid from page 8

decision making process and aware of the patient's current condition to endorse or intervene in the patient's care in a timely manner;

4. The physician provides documentation of the collaboration in the medical record by signing and dating the patient's chart on the date the service is rendered;

It is also important to know that Blue Cross Blue Shield sometimes pays physicians on a higher fee schedule than nurse practitioners if the physicians belong to a hospital group or integrated health care system. For example, Partners Health Care system, the largest integrated health care system in Massachusetts, usually negotiates higher pay rates with insurance companies. Unfortunately, this higher schedule only applies to physicians, not nurse practitioners. If the nurse practitioner cares for a patient from one of these groups, the reimbursement rate will be at the 85% of the usual physician fee schedule rate. However, if the patient is billed as "incident to" the office will be reimbursed at 100% of the higher fee schedule rate.

In closing, it is vital that both nurse practitioners and their billing staff and administration understand the policies of Medicare and other third

It is vital that both nurse practitioners and their billing staff and administration understand the policies of Medicare and other third party payers to avoid unintentional fraudulent billing practices that could result in fees, penalties, and loss of credentialing status.

party payers to avoid unintentional fraudulent billing practices that could result in fees, penalties, and loss of credentialing status. When the nurse practitioner's individual provider number is used correctly for billing purposes, it allows third-party payers to collect data that increases NP visibility and capture the share of work performed by nurse practitioners in private practice. This outcome data can only serve to reinforce the vital role that nurse practitioners play in our health care delivery system.

Resources:

Nurse Practitioner's Business Practice and Legal Guide, second edition, Carolyn Buppert
The Massachusetts Coalition of Nurse Practitioners' Guide to Nurse Practitioner Practice in Massachusetts

CAQH: www.caqh.org , CAQH Helpdesk: (888) 599-1717
 NHIC, Corp. 877-527-6594, Provider Enrollment,
 P.O. Box 3434, Hingham, MA 02044
<http://www.medicarenhic.com/>

NPI Enumerator System:

<https://nppes.cms.hhs.gov> 1-800-465-3203

Distinguished NP of the Year: Susan J Roberts, DNSc, ANP, FAAN

Susan Frazier

Chair of Awards and Nominations Committee

The Massachusetts Coalition of Nurse Practitioners is pleased to announce that Susan J Roberts, DNSc, ANP, FAAN, is this year's recipient of the Distinguished NP of the Year. Dr. Roberts is a professor and Graduate Program Director of the School of Nursing at Northeastern University as well as a clinician, researcher, and patient advocate. She is a leading national expert in the area of Lesbian Health issues and an outspoken advocate for nurse practitioner practice. According to her nominator for the award, she is "revered by students, peers and nursing leaders and respected and valued by clients". She has been a constant and active voice in MCNP for many years, in multiple positions. Sue continues to serve as our community member and as a member of the PAC. The MCNP wishes to congratulate Dr. Roberts on her award.