



From Our President...

Nancy O'Rourke, MSN, ACNP, ANP, RnC.

Winter is slowly passing and much has happened since last we spoke. Health care reform nationally is still an elusive piece of legislation, but in Massachusetts we are proceeding full steam ahead.

As a member of the Medical Home Steering Committee I can tell you that the demonstration project will be accepting applications some time in March. Payment reform hearings continue and I believe we, in Massachusetts, will see a new model of reimbursement very soon, regardless of what happens in Washington.

Having said that, the political climate is shifting locally and nationally, since the election of Senator Scott Brown. Some of our state legislative friends in the House and the Senate will need our strong political and financial support to prevail in the upcoming elections. We have close ties with these legislators and they have fought hard for us. We need to make the commitment to do the same for them. We could not have had so many legislative successes over the past two years without them and we then would not be positioned as we are in the health reform efforts in Massachusetts. So you will be hearing more from me in regards to strategic planning and fundraising for our staunch legislative allies.

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Earlier this week I was in Washington, DC meeting with the Senate Finance Committee aide and the Senate HELP committee aid regarding the concerns of Nurse practitioners and the health reform bill. The proposed senate bill has language that is NP friendly, however there are still flaws and concerns that will require our close attention and vigilance, especially in the areas of reimbursement.

So my friends, now more than ever nurse practitioners must come together and show we are a force here in Massachusetts and nationally. We have gained so much yet are poised to lose so much if we become complacent. I wish you an early spring and will leave you with this thought:

"He is most free from danger, who, even when safe, is on his guard." – Publilius Syrus

Annual MCNP Spring Health Policy Breakfast 2010

Health Care Reform: The Future of Primary Care in Massachusetts

April 14 2010 -- 8:00 am to 11:30 am -- The Hampshire House, 84 Beacon Street, Boston

Our Keynote Speaker:

Representative Mary Grant of Beverly

4th term Democratic lawmaker

Psychiatric Clinical Nurse Specialist

Member of the Joint Committee on Health Care Financing

3 CEU's will be awarded at the end of the session. Registration is available on our web site www.mcnpweb.org

Education Committee Update

Marion L. Growney, Co-Chair

Barbara G. Rosato, Co-chair

MCNP Education Committee

As the spring weather and perennial blooms are just around the corner, so is the 17th annual Northeast Regional Nurse Practitioner conference. This year's event will be held in Manchester, New Hampshire on Wednesday, May 5- Friday May 7, 2010. Our keynote speaker, Mr. Thomas G. Bartol, NP, CDE will speak about the ongoing challenges of balancing high quality patient care with work flow and provider-centric technology in his address, "*Managing Your Practice So Your Practice Doesn't Manage You: technology, work flow and self care.*" In addition to the concurrent sessions addressing topics in the pediatric, adult, acute care, geriatric, psychiatric and women's health realms, we will be hosting our Annual Business meeting on Thursday during the lunch session. The agenda will include an update of our accomplishments this past year, legislative and reimbursement updates as well as elections of our officers. During the cocktail reception, we will have the opportunity to honor this year's recipient of the Distinguished NP award. New this year, we have revised the timing of our poster session to allow for more focused viewing of our colleagues' work. There is also recognition of the "best" as judged by members who work in academia. If

you are interested in submitting an abstract, please visit the conference website (as noted below).

In light of the Pharmaceutical Gift Ban statute, we will offer an additional dinner CEU program expanding on the Medical Home and Payment Reform issues. Massachusetts will have the opportunity to set a precedent for payment reform in the similar vein that we were the first to offer universal health care. As nurse practitioners, we must be a part of the planning and implementation of this reimbursement structure. Please see the MCNP website (<http://www.mcnpweb.org>) for more details. There will be nominal fee for members to attend.

For more information about the conference offerings, registration and accommodations, please visit <http://www.bc.edu/npconference>. Early bird registration ends on Friday March 5, 2010. General registration ends on Wednesday April 14, 2010. Room reservations may be made by contacting The Radisson Hotel in Manchester, NH at (800) 333-3333 or <http://www.radisson.com/manchesternh>. We look forward to seeing you in May!

Loss of Our Pioneer Valley Colleague, Dr. Eileen (Murphy) Hayes

Our colleague, Eileen Hayes, Professor at UMass Worcester and an AANP Fellow, passed away Friday. Dr. Eileen Hayes had been ill for some time, battling colon cancer, and I was very sad to hear of her death. For those of you who do not know Eileen, she was an inspirational educator and leader and will be greatly missed. I worked with her on a few research projects and found her to be a true mentor. Eileen left her mark on

the FAANP as she helped to mold the current FAANP Mentorship. I am pasting the URL to Pease and Gay below, as well as the copy of her obituary as posted on their website. <http://peaseandgay.com>

Dr. Eileen (Murphy) Hayes, 65, died at home following a long and courageous battle with colon cancer. Dr. Hayes was a professor at the

Dr. Eileen Hayes from page 2

School of Nursing at the Univ. of Massachusetts at Amherst. She was the recent recipient of the Nursing School's Outstanding Teacher Award and the University's Distinguished Teaching Award. In addition to being a beloved and respected teacher she was instrumental in the development and ongoing management of the School of Nursing's Nurse Practitioner Program. She is highly regarded for her numerous professional journal publications on mentoring in Nursing education. She was a Graduate of the Melrose-Wakefield Hospital School of Nursing and earned a PhD in Nursing from UMass-Worcester. She had a long career as a Nurse Practitioner at the University Health Services before becoming a Nursing educator.

She is survived by her husband, Patrick Hayes, her daughter and son-in-law, Suzanne and Michael Daviau of Ashburnham, her son, Sean Hayes of Northampton, her grandsons Riley and Liam Daviau and granddaughters Alyssa & Emily Daviau. Also, her brother, Robert Murphy and her sisters Mary Dunn of Nashua, NH and Ruth Murphy of Manchester, NH as well as several nieces and nephews. She also leaves many grateful Nurse Practitioners who she taught, mentored, inspired and befriended.

Memorial contributions may be made to the American Cancer Society, 30 Speen Street, Framingham, MA 01701.

MCNP Supports Postpartum Depression Bill

Beth Rowlands DNP, GNP-BC
Legislative Chair

Approximately 15% of new mothers in Massachusetts suffer from postpartum depression (PPD). For these women, the birth of a baby is not a joyous time, but is characterized by despair, guilt, anxiety, and fears of hurting themselves or their babies. If untreated, PPD can have devastating consequences for mothers, babies, and families.

MCNP submitted testimony in support of ***House Bill 3897 An Act Relative to Postpartum Depression*** on January 27th, 2010 to the Committee on Financial Services. We were among over 30 groups who have joined to publicly endorse this bill and to support the work of the lead bill sponsor, Representative Ellen Story of Amherst.

HB 3897 An Act Relative to Postpartum Depression:

- Calls on providers who treat women during and after pregnancy to screen them for depression



- Requires the Department of Public Health (DPH) to educate health care professionals, and the public, about PPD
- Asks DPH to compile comprehensive referral information for providers and moms
- Compels insurers to cover the minimal cost associated with screening and referral

These steps will go a long way in improving our ability to detect and treat postpartum depression in Massachusetts. Please call or write to your state legislator to ask him or her to support this bill.

Website and Database Update

Catherine McKinnon

MCNP Web Editor

editor@mcnpweb.org

Our website www.mcnpweb.org remains a vital means of communication with our members and is updated on a regular basis with news and calendar events.

It has a Member Login section http://mcnpweb.org/member_login.php that allows *CURRENT* members to log on at any time to update their information and to view all recently posted job openings. It also allows access to our Member Directory search feature that includes all current members who wish to be listed.

In the upcoming weeks we will be launching our *Find an NP* feature, which will allow patients to search for an NP in their area. This will list

practice information (only) for current MCNP members, and like the Directory feature, will require that individuals give their permission to be included.

Equally important as the website, our e-mail lists enable us to communicate with our members regarding practice related news, legislation, regional offerings, and job opportunities. Please log onto the site or email us at editor@mcnpweb.org if your email address is changing or should you notice a drop off in MCNP emails, as this may indicate our emails are being blocked or filtered out as Spam.

As your web and email list editor, I welcome your feedback and suggestions. Please let me know if you have any questions or should you have any difficulty logging into the member system.

Call for Nominations for the Annual MCNP Distinguished NP Award and MCNP Exceptional Preceptor Awards

Susan Frazier, NP

The MCNP Distinguished NP Award recognizes an MCNP member who has made significant contributions in at least two of the following categories: professional association activities and contributions, activities supporting the public image of the NP, a role model for excellence in the provision of health care services, significant research which supports the role of the NP, or significant contributions to NP education. There is one award determined on an annual basis, presented at the Annual Meeting of the MCNP at the NE Regional NP Conference in May.

The MCNP Exceptional Preceptor Award recognizes nurse practitioners in different regions who demonstrate excellence in the preceptor role to nurse practitioner students. This award provides an opportunity to publicly recognize the unique characteristics of the nurse practitioner

who role models, teaches, and evaluates nursing students who are learning advanced nursing practice skills. There are up to five awards presented on an annual basis at the Annual Meeting of the MCNP at the NE Regional NP Conference in May.

The Awards Committee will review all nominations for compliance with the criteria; and an ad hoc sub committee comprised of selected members of the MCNP Executive Board will determine the award recipients.

If you would like to nominate someone, please click on the links below, follow the guidelines, and submit your nomination by mail or email, with supporting documentation to:

Please see *Call for Nominations* on page 5

Call for Nominations from page 4

Susan Frazier, NP
11 Winterfield Drive
East Bridgewater, MA 02333

(If submitting by mail, please send by regular mail without signature request.)

Deadline for Submission is February 28, 2010

Membership Update

Catherine McKinnon

Our annual MCNP membership renewal drive continues with 1160 current members as of February 20th. While we are grateful to everyone who has renewed their membership, this represents only 62% of the NPs in our database, and an even smaller percentage of the NPs in Massachusetts.

With health care and health care payment reform initiatives moving quickly at the state and federal level, we as nurse practitioners MUST be involved and included in any legislation that is passed.

The MCNP cannot work on your behalf without your financial support. The majority of your dues go directly to pay for full-time lobbying services. While these services are costly, without our lobbyists, as an all-volunteer organization, we would not have been able to pass our PCP

Please note that incomplete nominations will not be processed!

Distinguished NP Award:

<http://www.mcnpweb.org/files/Distinguished%20NP%20of%20the%20Year%20Award%202010.doc>

MCNP Exceptional Preceptor Awards

<http://www.mcnpweb.org/files/Exceptional%20Preceptor%20Award%202010.doc>

legislation and would not be as visible and recognized at the state house as we are today.

Many of your colleagues are donating countless hours of their time to support the MCNP, and we ask that you do your part to support the profession by making a financial contribution through your MCNP membership dues. As an added incentive, we are offering a mid-year discount with a reduced rate of 50.00 for Full Membership and 35.00 for Students.

So if you have not already done so, please go to our website at <http://mcnpweb.org/membership.php> and renew you MCNP membership today.

If you have any difficulty logging onto the system or retrieving your username and password, please contact editor@mcnpweb.org, and we will be more than happy to assist you.

The Value of Massachusetts Nurse Practitioners as Primary Care Providers in Payment Reform Deliberations

Craven & Ober Policy Strategists, LLC

Since the summer of 2009 when the Payment Commission released its report making recommendations on how to change the payment methodology for providing coverage for health care services, there have been studies published, policy discussions initiated, meetings among decision-makers, rumors and speculation, lots of hand wringing, media cheerleading efforts to move forward, and one public hearing by the Joint

Health Care Finance Committee. The **Payment Commission** identified many areas for potential policy change that could assist with reducing health care costs while ensuring that the right care is delivered to the right patient in the right location. Contributors to the unsustainable rising cost of health care that were identified in the

Please see *Payment Reform* on page 6

Payment Reform from page 5

report included concepts such as the practice of defensive medicine requiring medical malpractice reform. Another identified cost driver is the fee for service payment system which the report contends is in need of complete transformation. The Commission explored bundled payment strategies that would provide coverage and incentives to improve upon the quality of care delivery. The expectation is these changes will improve cost efficiency by prioritizing increased coordination of services, investment in care management programs, and process redesigns using, for instance, patient registries to measure and improve patient health outcomes with comparative evidence-based treatments.

On your behalf, MCNP Legislative Co-Chair Beth Rowlands testified last September at the Joint Health Care Finance Committee hearing together with Jan Towers, Ph.D. from AANP and Karen Daley, Board Director from ANA about the Payment Commission Report Recommendations. MCNP has also been closely monitoring the policy discussions unfolding at the **Health Care Quality and Cost Council (HCQCC)** to influence their approved “Policy Roadmap” and to successfully include enhanced utilization of the NP as one provision in the document. President Nancy O’Rourke is an appointee to the HCQCC Advisory Committee. Dr. Susan Roberts is a new HCQCC appointee to the Expert Panel on Performance Measurement Subcommittee, which will be looking at how to create payment incentives that drive evidenced based treatment and quality patient outcomes beyond traditional pay for performance incentives.

In addition, MCNP Legislative Co-Chair Leah McKinnon-Howe presented in December before the HCQCC Advisory Committee on how NPs as PCPs can increase provider capacity and assist with the provision of necessary preventative and primary care services especially during this

shortage of primary care physicians in the Commonwealth. Specifically, The Urban Institute issued a Massachusetts Health Reform Survey Policy Brief in September 2009 that found residents are frequent users of emergency department care despite significant improvements in access to care as a result of the state’s landmark 2006 health care reform coverage law. The survey included working age adults in the fall of 2008 who reported having at least one ED visit in the past 12 months. Some of the brief’s key findings included: almost half of those adults (44%) reported their most recent visit was for a

Health Care Reform legislation affects your practice and your livelihood. Please continue to stay connected and informed as your involvement in MCNP’s grassroots network will be essential to accomplishing our mutual goals in the months ahead.

condition that they thought could have been treated by a doctor if one had been available, and of the ED visits for non-emergency care after normal work hours, about 60% were attributed to an inability to get an appointment with a provider.

In relation to how Massachusetts NPs can enhance primary care capacity, MCNP has been lobbying for NPs to be permitted to practice as they have been educated and trained to practice. Health care marketplace barriers must be eliminated that prevent the NP from delivering quality, cost effective care to patients. Since passage of the formal recognition of NPs as PCPs in state law, (Chapter 305 of the Acts of 2008, MGL Chapter 176R), MassHealth reports that the number of NPs

Please see *Payment Reform* on page 7

Payment Reform from page 6

officially recognized and identified by them as PCPs has grown from under ten in 2005 to more than 244 NPs practicing as independent provider primary care clinicians or NPs contracting and carrying a panel of assigned members with a managed care organization. Further, MCNP has specifically ensured that the Patient Centered Medical Home Demonstration Initiative designed to transform primary care practice in Massachusetts will allow participating practices to have NPs functioning there as PCPs. The Executive Office of Health & Human Services will send out an invitation to apply for this demonstration in March 2010 and having NPs part of the demonstration practice sites will be critically important. In addition, MCNP has met with the **Attorney General's Health Care Division** to review where NPs consistently face health care system barriers that prevent them from participating as PCPs and practicing to the full scope of their license in the state. Attorney General Coakley has been very receptive to learning of these obstacles and is expected to release a full legal analysis and report soon for policymakers to seriously consider what must be included in payment reform legislation to ensure that policy changes do not create unintended consequences or additional problems for our health care system, but instead have a real impact on effectively reducing the cost drivers in our system. There will be a review of cost drivers in

an upcoming hearing to be held by the Massachusetts Division of Health Care Finance and Policy and the MCNP is working to ensure that their testimony will be considered. Dr. Judyann Bigby, Secretary of the Executive Office of Health and Human Services, who is meeting regularly with health care stakeholders on payment reform, has met with MCNP and other nursing stakeholders regarding the initial plans for health care reform legislation. She has agreed to a future meeting with us once there is consensus on what concepts will be included in draft legislation.

Health Care Reform legislation affects your practice and your livelihood. Your legislative committee continues to be present and avail itself of every policy opportunity to have the NP's perspective understood. Please continue to stay connected and informed as your involvement in MCNP's grassroots network will be essential to accomplishing our mutual goals in the months ahead.

Craven & Ober Policy Strategists, LLC is a full service Massachusetts-based government relations firm dedicated to credible, assertive advocacy and to the dissemination of reliable public policy information.

2010 Consultations Changes with Medicare and HMO Payer Products

Lyn Henderson, CCS-P, CHCC, CPC, PCA, PCS
CEO of Physician Chart Auditors
www.physicianchartauditors.com

Effective 1/1/2010 Medicare will no longer accept cpt codes 99251-55 (inpt consults) or 99241-99245 (office/outpatient consult codes).

Please follow the guidelines below when billing for consultation services.

For Medicare patients ONLY at this time.

info@physicianchartauditors.com

PCA Phone No: 1-866-337-2226

Fax: 1-508-302-5340

What is a Consultation?

When a provider is asked to evaluate a patient's condition "prior" to accepting care of that patient's particular problem or total care.

When a provider is asked to render an opinion on how best to manage a patient's problem and gives advice back to the requesting provider.

Please see *Consultations* on page 8

Consultations from page 7**What is NOT a consult:**

When a provider knows in advance of a service that he/she is going to manage an agreed upon aspect of the patient's care and/or assume total care of the patient without a prior evaluation to determine if you will be accepting care.

Q: If I am asked to perform a consultation service on a Medicare Patient – how will I code for this starting 1/1/2010?

Inpatient Setting

- Please continue to indicate that this is a consultation service and by whom the service is being requested. However, instead of billing 99251–99255 you will bill initial hospital codes 99221–99223. Follow-up consultation services will continue to be billed as 99231; 99232; 99233.
- Medicare will allow one (1) consultation service per admission per specialty.
- No modifier is necessary unless you are the "attending of record" (i.e. admission note).
- Modifier AI was established to differentiate between the "principal physician of record" (e.g admission/attending) from a consulting provider rendering "specialty care".
- Again, If you are NOT the consulting provider then you will need to affix a modifier "AI" which will identify you as the "Principal Physician of Record" (e.g. admitting/attending provider).
- This is modifier is ONLY required for Inpatient and SNF – NOT office/outpt.
- 99253, 54, 55 E/M documentation is the same as what is currently required for 99221, 22, 23 except for time when 50% or more of the total visit time is spent in a discussion/counseling the following applies:
- 99253=55 min; 99221=30 min
- 99254=80 min; 99222=50 min
- 99255=110 min; 99223=70 min
- CMS has indicated that "medical necessity" is

the overarching criterion for payment in addition to the individual requirements of a cpt code.

- The "volume of documentation" should not be the primary influence upon which a specific level of service is billed. Documentation should support the level of service reported.
- The duration of a visit is an ancillary factor and does not "control" the level of the service to be billed unless more than 50% of the allowable time by setting occurs and this needs to be documented.
- Example: 15/30 min (99221) spent in discussion regarding _____ and provide a summary of key points discussed to sufficiently support the medical necessity of the length of discussion.

Observation

- Only the provider who "orders" the observation services can bill observation codes 99218–99220; 99234–99235 and discharge code 99217.
- If you are NOT the ordering provider and you are asked to evaluate (provide a consultation) let's say to evaluate a patient for surgery, then bill the office/outpatient codes (99201–99215) along with a notation that this is a consultation service and by whom the service is being requested.
- Remember to affix modifier 57 (for decision for surgery) to the E/M cpt code if the evaluation and procedure determined the need to have surgery on the same day.
- If you are the ordering provider and you evaluate a patient for possible surgery, then use the observation cpt codes with modifier 57 (which indicates that the decision for surgery was made during this evaluation).

Consultations from page 8**Emergency**

- When asked to provide a consultation in the ER the following applies.
- Please continue to indicate that this is a consultation service and by whom the service is being requested.
- However, instead of billing 99241–99245 you will bill either the new E/M cpt codes (99201–05) or established E/M cpt codes (99211–99215) or the ED codes (99281–99288) depending on whether or not the patient is registered in the ED as a patient.
- If a physician asks a patient to meet him/her in the ED as an alternative to going to the office and the patient is "not registered" as a patient in the ED, the physician should bill 99201–15 outpatient cpt codes.
- If an ED provider asks another provider to provide a consultation and the patient "is registered" as an ED patient, then the other "consulting" provider should bill 99281–99288. If a provider goes to the ER (must be present – no phone) to render a consultation service to determine if a patient should be admitted and does admit that patient, then bill as you are now which is to submit only the admission cpt codes 99221–99223 with modifier AI (ie. if/when you are the attending/admitting provider) If the ED attending provides a consultation and sends the patient home, they will bill the ED cpt codes: 99281–99288.

Office/Outpatient

- Please continue to indicate that this is a consultation service and by whom the service is being requested.
- However, instead of billing 99241–99245 you will bill either the new E/M cpt codes (99201–05) or the established E/M cpt codes (99211–99215).
- Definition of "New" = the patient has not been seen by a member of same group/same specialty **within the last 3 years**)

- Follow-up visits are still the same bill 99211–99215.
- No modifier is required for office/outpatient services.

Time Requirements will changes as follows;

- 99241=15min vs. 99201=10 min vs. 99211=5min
- 99242=30min vs. 99202=20min vs. 99212=10min
- 99243=40min vs. 99203=30min vs. 99213=15min
- 99244=60min vs. 99204=45min vs. 99214=25min
- 99245=80min vs. 99205=60min vs. 99215=40min

Skilled Nursing Facility

- Please continue to indicate that this is a consultation service and by whom the service is being requested.
- However, instead of billing 99251–99255 you will bill initial SNF codes 99304, 99305, 99306.
- Follow-up consultation services will continue to be billed as 99307,08,09,10.
- If you performing the initial evaluation of the SNF patient vs providing a consultation service, you will then need to affix a modifier "AI" which will identify you as the "Principal Physician of Record" (e.g. admitting/attending SNF provider) vs a provider rendering "specialty care".
- Modifier AI will differentiate you from a consulting provider.
- 99253, 54, 55 E/M documentation is the same as what is required for 99304, 99305, 99306 except for time when 50% or more of the total visit time is spent in a discussion/counseling the following applies:
 - 99253=55 min; 99304=25 min
 - 99254=80 min; 99305=35min
 - 99255=110 min; 99306=45 min

Regional Updates

North Shore Region

Carin Bennett-Rizzo, MS, ANP-BC

The North Shore Region has been very active, despite the challenges of the Massachusetts pharmaceutical law changes in July 2009. We had our last restaurant meeting in September 2009, as it was through a third party, the talk was on Hep C. We met at the Tewksbury State Hospital in October and November for talks on Dementia and Womens' Cardiovascular Disease. Nancy O'Rourke joined us in November to update the North Shore group on medical home and encourage the North Shore members to get involved at the legislative level to continue NP participation and dialogue in the Medical Home process.

In January we resumed our meetings closer to home, at Beverly Hospital. We had group of approximately 35 NP's to listen to a presentation on HTN and new medications for HTN. The February meeting fell on the same day as 8 inches of snow, so there was limited attendance at Beverly Hospital for that talk. March and April meetings will be hosted by Sports Medicine North in Peabody. The March presentation is on Hip and Knee Assessment and Management of Injury. The April presentation will be another orthopedic topic TBD.

The North Shore group has the benefit of many members who still are involved in the leadership of the group. With this help, we have been able to meet monthly, have the benefit of a lecture, network with our colleagues and new members; regardless of the constraints of the MA law change.

Merrimack Valley Region

Beth Rowlands

The Merrimack Valley Chapter continues to meet on a monthly basis to network and learn about various health topics. In January we were able to have a CEU program sponsored by New England Rehabilitation where a physical therapist spoke about new and emerging treatments. In February we will have a disease state talk (not product based) on diabetes. The focus will be medication management during and after the transition from acute care to primary care. In March we will have a pulmonologist from Lahey Hospital with his NP who will come to speak to us about smoking cessation.

Due to the new regulations, we will be having all of our spring programs at the Lowell General Hospital in the Clarke Auditorium. All programs are fully catered by local restaurants.

For the next several months we will be collecting cash donations for Haiti earthquake victims. Please remember to bring money so that you can contribute.

The Berkshires Region

Martha Klay

The Berkshire NP's are planning a Spring meeting tentatively set for April 8th 2010 at 6PM. The topic will be NP's as PCP's. We welcome all Berkshire Region NP's. For more info, please contact Martha Klay at 413-429-6165