

Practice Information

AANP Awards for Excellence

Every year the American Academy of Nurse Practitioners (AANP) awards a nurse practitioner and a nurse practitioner advocate with an award in each state. This year the winner of the Virginia NP State Award for Excellence was **Carola Bruflat**. **Sandra Whitley Ryals**, Former Chief Deputy Director, Virginia Department of Health Professions, was the recipient of the NP Advocate award. The awards were presented at the annual AANP conference in Phoenix, Arizona in June.

State award for NP Excellence

Carola Bruflat is a women's health and family NP, currently practicing in an OB/GYN practice in Northern Virginia. Carola has been a leader in the state of Virginia, serving as President of the Virginia Council of Nurse Practitioners, National Legislative Liaison/lobbyist for the National Perinatal Association and chair of the legislative committee for AWHONN. In 2000, she received the AWHONN Award of Excellence for Advocacy. She is a member of the Advisory Committee to the Joint Boards of Nursing & Medicine. She also serves as a member of the ANA

Congress on Nursing Practice and Economics. She has been active in legislative and advocacy issues in Virginia for her entire career, lobbying to remove barriers to nurse practitioner practice and increase access to care for all Virginians

State award for NP Advocate

Sandra Whitley Ryals has been a tireless proponent of Virginia nurse practitioners, working to reduce barriers to nurse practitioner scope of practice while creating greater awareness throughout the Commonwealth regarding the important role of nurse practitioners. In the summer of 2008, Ms Ryals was instrumental in bringing leaders of Virginia's physician and nurse practitioner groups together to engage in an unprecedented level of dialogue with the hope of furthering the goals of the Governor's Health Reform Commission to remove barriers to NP scope of practice. Her efforts led to the establishment of greater communication between the physician and nurse practitioner groups, and mutual partnerships on medical malpractice and other health related legislation. ♦



Carola Bruflat, 2nd from left is honored with the American Academy of Nurse Practitioners award in Phoenix, AZ.

Understanding the Complaint Process

by Michele Satterlund

While it's an unpleasant experience to learn that a complaint has been filed against you, it's important to remember that you do have options. The complaint process is not necessarily an attack on you, but it is a process that ensures the protection of both you and the public.

In Virginia, complaints against nurses are submitted to the Virginia Department of Health Professions (DHP) in writing, by telephone, fax, email, or in person. The complaint can be made by anyone who is concerned that a nurse's practice is in violation of the laws and regulations pertaining to health care practitioners. The person making the complaint (the complainant) could be your employer, a colleague, a patient, a patient's family member, or even someone who wishes to remain anonymous. The complainant, however, must provide the DHP with the basis for the complaint and provide information detailing the sequence of events surrounding the reason for concern.

Once received, a complaint is referred to a Case Intake Analyst who determines whether DHP actually has jurisdiction over the person or subject of the complaint. If DHP has authority and there is sufficient information to justify an investigation, an investigator is assigned to the case. The investigator forwards a summary of the findings and evidence related to the case to the appropriate board for a determination. In the case of nurses, that board is most often the Virginia Board of Nursing.

Once the Virginia Board of Nursing receives the investigator's report, a preliminary review determines

whether there is enough evidence that a violation of a law or regulation occurred. If there is not enough evidence, the Board of Nursing closes the case and no further action is taken.

It's important to remember that even if a practitioner's action may be considered improper, it may not always be in violation of law. The board must find sufficient evidence that a violation of law has occurred before an informal conference is scheduled.

At an informal conference, a committee of the board meets with the nurse. Informal conferences are open to the public and the person making the complaint will be notified as well, although the complainant rarely testifies.

At the informal conference, the board committee develops a recommendation that includes one of the following: 1) close the case with a finding that no violation of the law has occurred; 2) offer an order in which the licensee consents to be sanctioned; or 3) send the case to the full board for further review.

In making a recommendation for disciplinary action, the committee looks at the severity of the alleged actions, and takes into account factors such as the practitioner's experience, the practice environment, the practitioner's understanding of the action, and whether the practitioner has taken steps to correct the reason for the complaint. In making a recommendation for disciplinary action, the committee may recommend a monetary penalty, a reprimand, probation, limitation on practice privileges, remedial or corrective action, or suspension or revocation of the practitioner's license.

A formal hearing may also occur, but only if the practitioner against whom the complaint has been made requests it, the informal committee recommends it or if the sanction is quite serious, such as the suspension or revocation of a license. A formal hearing is more like a trial, and evidence can be introduced, and witnesses can be called.

The complaint process is always easier if the practitioner has acted proactively to ensure compliance with Virginia's laws and regulations. Once a complaint is initiated, the investigator verifies whether the practitioner's license is current, and determines whether the necessary forms and documents are up-to-date and properly filed. Staying current with licensing requirements is important—an investigation is not the time a practitioner wants to discover he or she forgot to file a required practice document with the board.

While the complaint process can be intimidating, it's helpful to remember that the board is there for you. The Board of Nursing website has many helpful resources, including legal references, practice regulations, and guidance documents that can help you better understand your specific practice requirements. The board wants to ensure that Virginia's citizens are served by quality health care professionals, and they are willing to work with you to help ensure you are the best nurse you can be. ♦

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Reimbursement of Nurse Practitioners

Diane Walker RN, MSN, FNP-BC
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Reimbursement of nurse practitioners is an important and complex issue. How services are being billed may have a direct effect on access to care. It creates a logistical nightmare for those doing the billing for nurse practitioners with each company creating different policies for how they will or will not reimburse nurse practitioners. The amount that nurse practitioners are reimbursed for their services to patients often directly impacts both salary and bonuses.



Diane Walker

When seeing patients in an office setting, a decision needs to be made as to whether you will be billing "incident to," or billing under your own numbers, when this is possible. What does "incident to" billing mean?

"Incident to a physician's professional service" is a concept that originated in the Medicare system.

It requires that the physician be physically present in the office suite, though not in the exam room. It further requires that the physician has established a diagnosis and plan of care for that particular patient and problem. More information about this may be found at the Centers for Medicare and Medicaid Services website at: <http://www.cms.gov/transmittals/downloads/R1764B3.pdf>.

The financial advantage to the practice for billing "incident to" in the case of a Medicare patient is a higher rate of reimbursement. The practice will be reimbursed at 100% of the allowable charges when a nurse practitioner bills "incident to." Medicare reimburses nurse practitioners 85% of the physician's fee schedule if billed under his or her own Medicare number.

There are important aspects of billing "incident to" that nurse practitioners need to be aware of. The physician must personally perform an initial service and remain actively involved in the course of treatment.

Medicaid reimburses nurse practitioners at 100% of the allowable rate in Virginia, with the exception of psychiatric nurse practitioners, who are reimbursed at a lower rate. This is not the case for managed Medicaid.

Private insurers each have their own policies

and fee schedules for how nurse practitioners are reimbursed which vary. Some companies will directly reimburse nurse practitioners and others will not. This further complicates things when a Medicare patient has managed Medicare or a secondary payer.

A good example of the complexity of the payment differences between companies may be found in the state to state reference at the American Academy of Physician Assistants website: <http://www.aapa.org/advocacy-and-practice-resources/reimbursement/private-payers/623>.

The Institute of Medicine, in a report released in October, 2010 on the Future of Nursing, has just published recommendations that Medicare and Medicaid reimburse advanced practice nurses at the same rate as physicians for performing the same work.

Though the Commonwealth of Virginia law clearly states that we may see new patients and current patients with new problems, "incident to" billing adds additional levels of restrictions, as do many private insurers. It is important that nurse practitioners understand the constraints of "incident to" billing, as well as those being placed by private insurers. Reimbursement constraints ultimately affect access to care. Nurse practitioners need to understand these issues and work together to change them. ♦