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Driving APP Billing Performance

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Disclosures

Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months.

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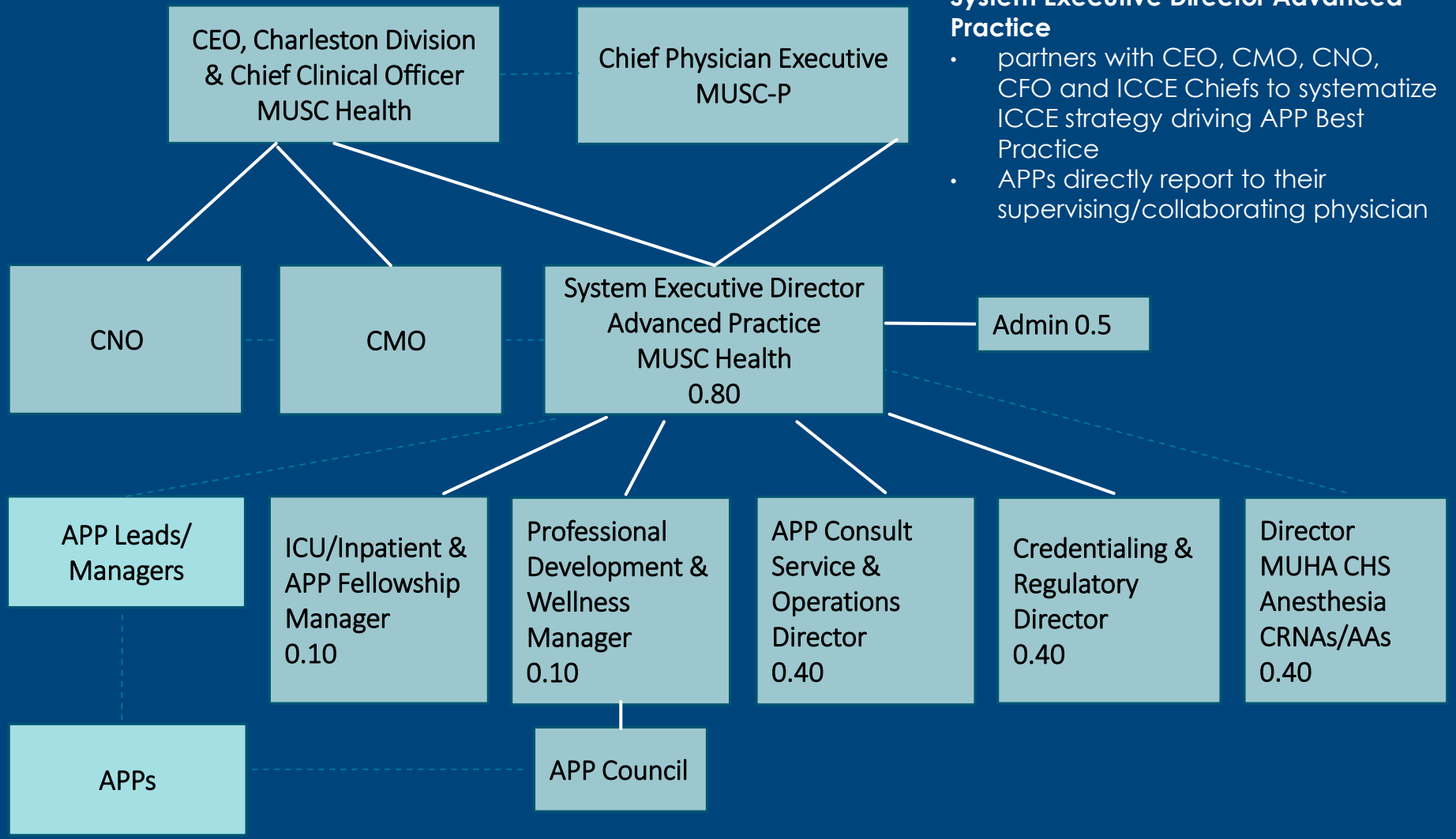
Educational Objectives

At the conclusion of this session, participants should be able to:

1. Review common billing terminology and the basics of APP billing attribution.
2. Explore options for building an APP/physician billing algorithm.
3. Discuss how to build an APP financial dashboard.

MUSC Health APP Best Practice Center Executive Org Chart



System Executive Director Advanced Practice

- partners with CEO, CMO, CNO, CFO and ICCE Chiefs to systematize ICCE strategy driving APP Best Practice
- APPs directly report to their supervising/collaborating physician

APP Best Practice Center Executive Team

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Left to Right:

Kristy Smith, MSN, FNP-C
APP Consult Service & Operations Director

Jennifer Marshall, MSJ, PA-C
Credentialing & Regulatory Director

Megan Fulton, DMSc, PA-C
System Executive Director

Elizabeth Poindexter, MPA, PA-C
ICU/Inpatient & APP Fellowship Manager

Tracy Halasz, MSN, CPNP-PC, PMHS
Professional Development & Wellness Manager

Billing Terminology

APP Attribution

“Many organizations continue to struggle with appropriately attributing care provided by APPs, in particular, when there are specific supervision requirements that must be met before the patient encounter can be closed.” - Health Leaders Media

Billing Terminology

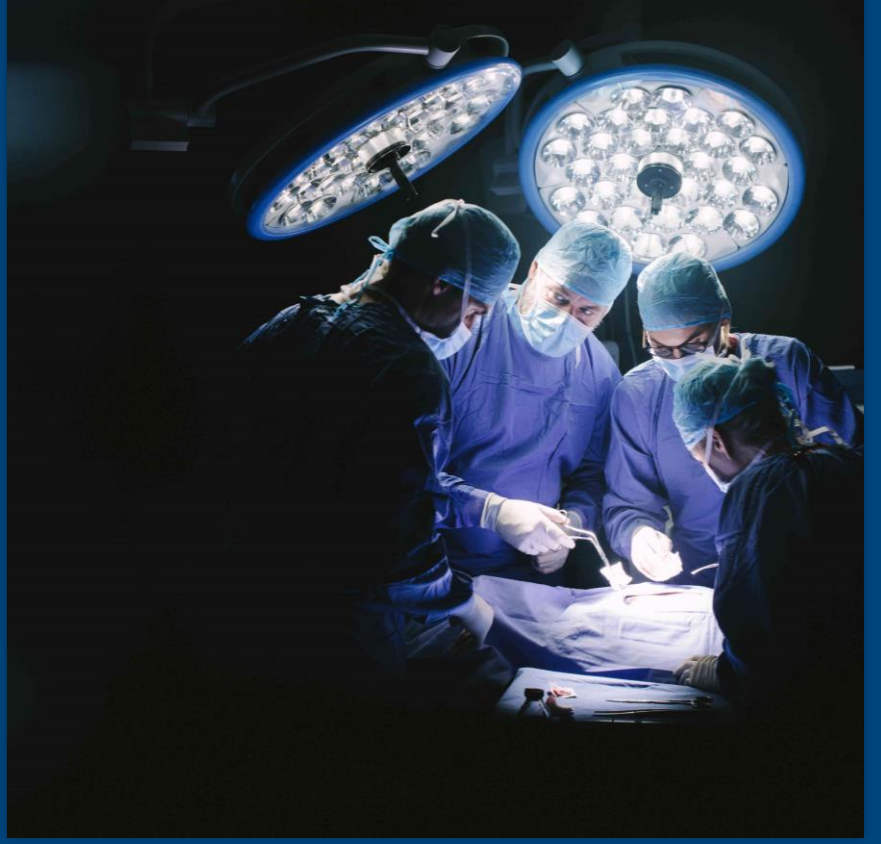
Performing/Service Provider=provider performing the service independently or under the supervision of a physician

Billing Provider= may be performing/service provider or supervising physician; billing provider is held accountable for billed services

Relative Value Units (RVUs)=work effort +practice expense + malpractice expense = RVU

RVU Target=the total of amount of RVUs either assigned to an individual provider or group of providers that serves as a productivity benchmark with various national comparisons

Net Collections=measure of dollars collected in reimbursement for a practice



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2022 Split-Shared Situation

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Health Systems want to:

Promote
APP/Physician
Team efficiencies

Cost:
Optimize Reimbursement

Access:
More patients

Quality:
Patient satisfaction scores & LOS metrics

2022 Split-Shared Background

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APPs evaluate patient while physicians are occupied with surgery or other office patient visits.

Physicians would revisit each patient, add "attestation" bill for service under physician NPI with 100% bill capture.

Physician would bill for service under physician NPI with 100% bill capture.

2022 Split-Shared Assessment

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Physician earns most of not all of the RVUs.

Organizational data demonstrates “less than median APP production.”

Some organizations question utility of APPs within the team.

2022 Split-Shared Recommendation

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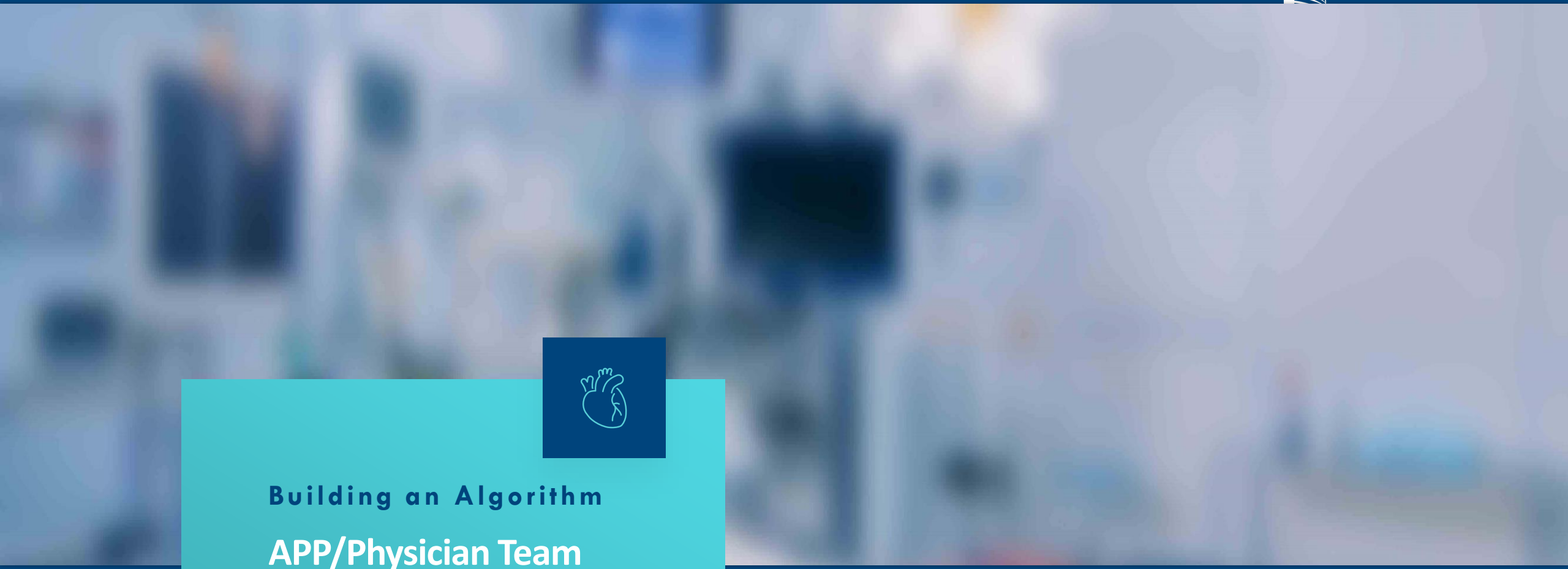
Table 1. Differences in CMS split/shared billing rule, 2022 to 2023

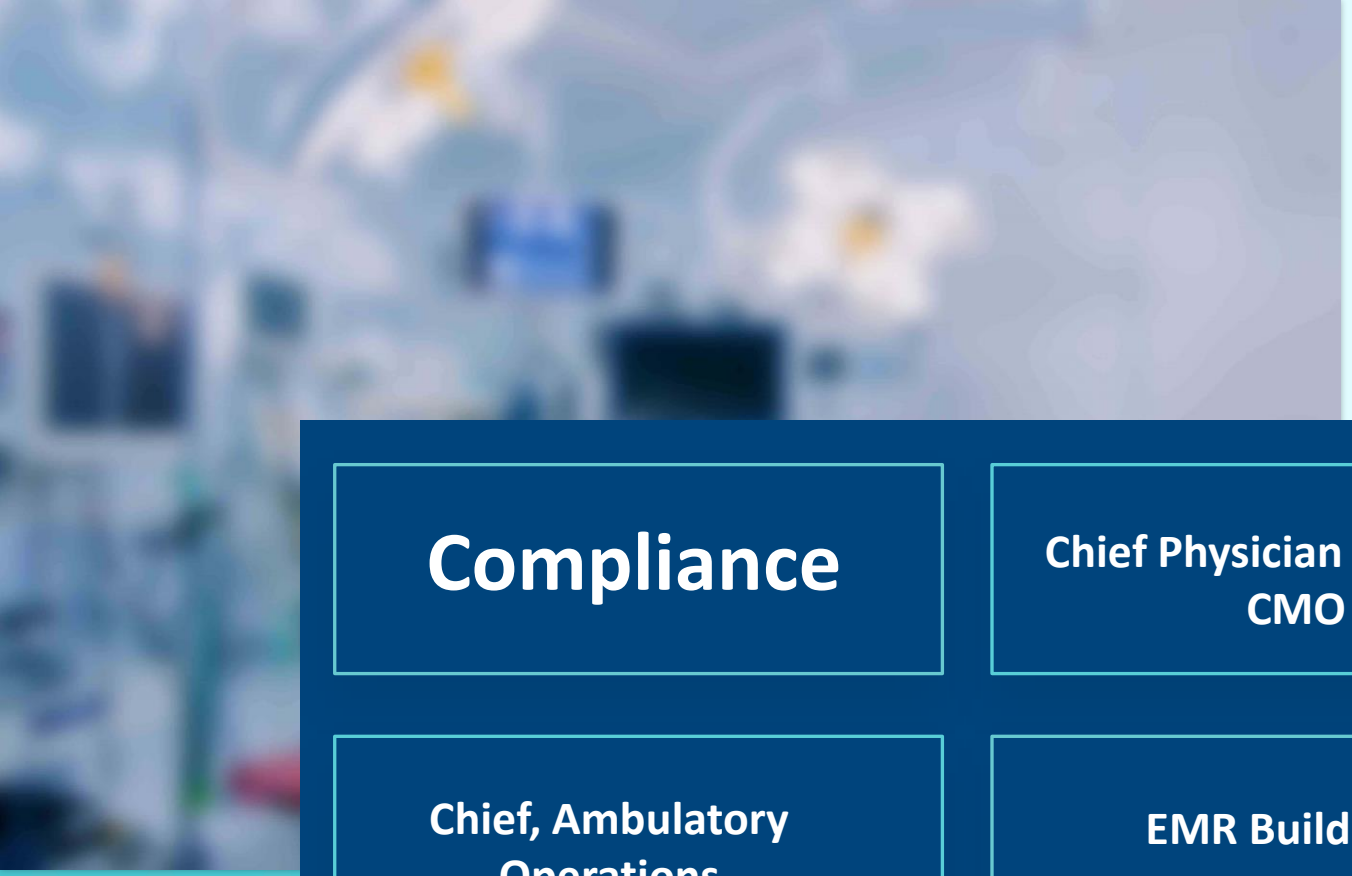
Historical rule	2022 rule	2023 rule
APP and physician a part of same group	Unchanged	Unchanged
APP and physician document substantively	Billing provider documents substantively as evidenced by completion of entire history, physical exam, or MDM or more than 50% of the total time spent on the encounter *50% of time must be used for split/shared critical care services	Billing provider must substantively document eligible activities provided, which total more than 50% of the total time spent on the patient encounter
APP and physician have face-to-face encounter with the patient	Face-to-face component of care to be conducted by the APP or the physician regardless of who bills the service as long as the billing provider documents substantively	Unchanged



Building an Algorithm

APP/Physician Team

“Gaining clarity around how to track and ultimately incentivize teams to support new workflows creates a path forward for medical groups interested in evolving their care delivery to better match increased demand for services in an environment where physician resources are in short supply.” MGMA



Stakeholders

APP/Physician Algorithm

Compliance

Chief Physician Executive
CMO

CFO

Chief, Ambulatory Operations

EMR Builders

Revenue Cycle

Committee Approvals
Medical Executive Committee (Hospital)
Physician Practice Plan Executive Committee (Ambulatory/Medical group)

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APP Categories

Primary Care

Specialty Outpatient/Inpatient

Surgical Outpatient/Inpatient

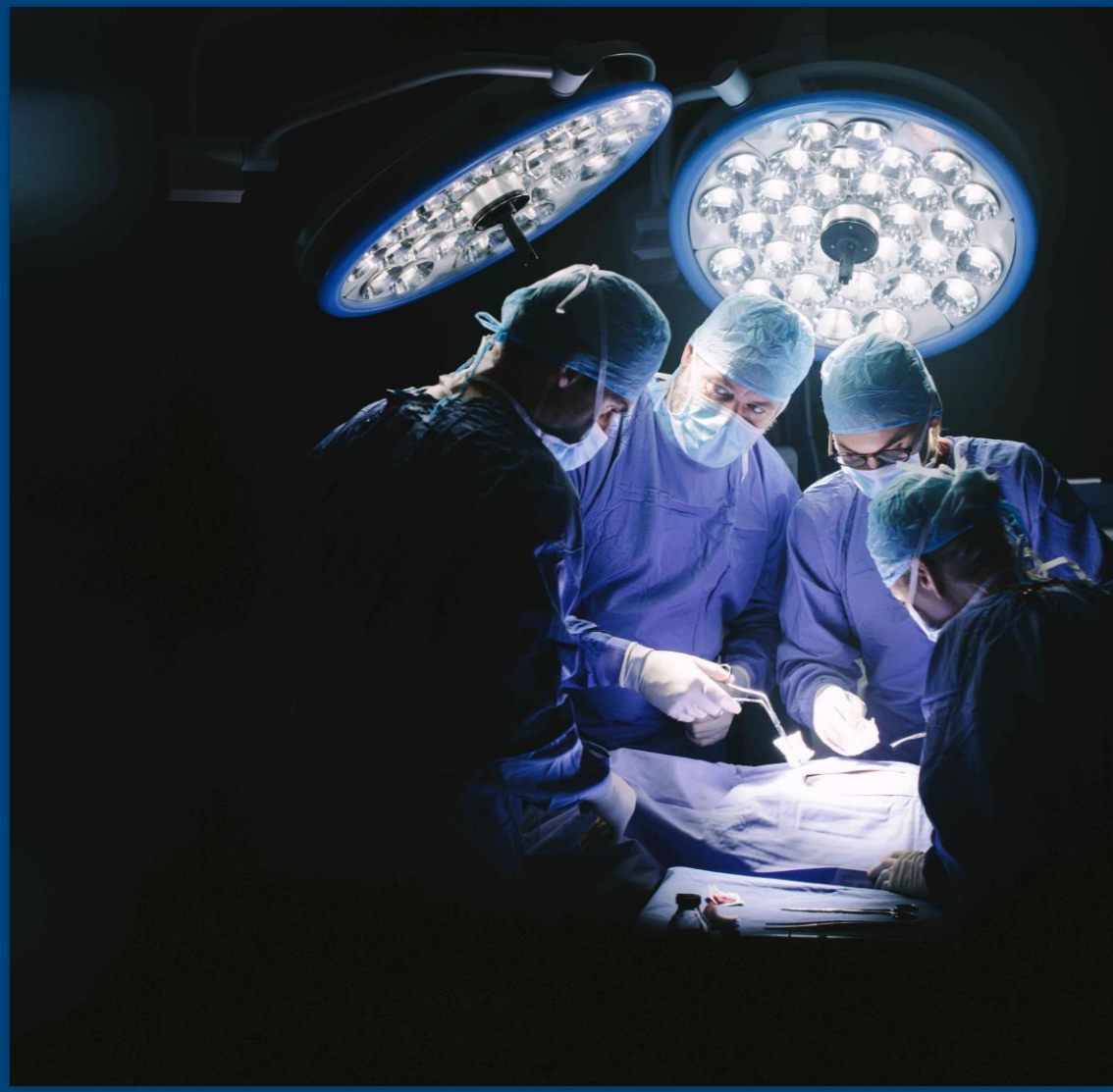
ICU-coder extracted*

ED- coder extracted*

APP Models

Independent

Split/shared



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APP Experience

APP Fellow/Resident

APP New grad

APP Experience

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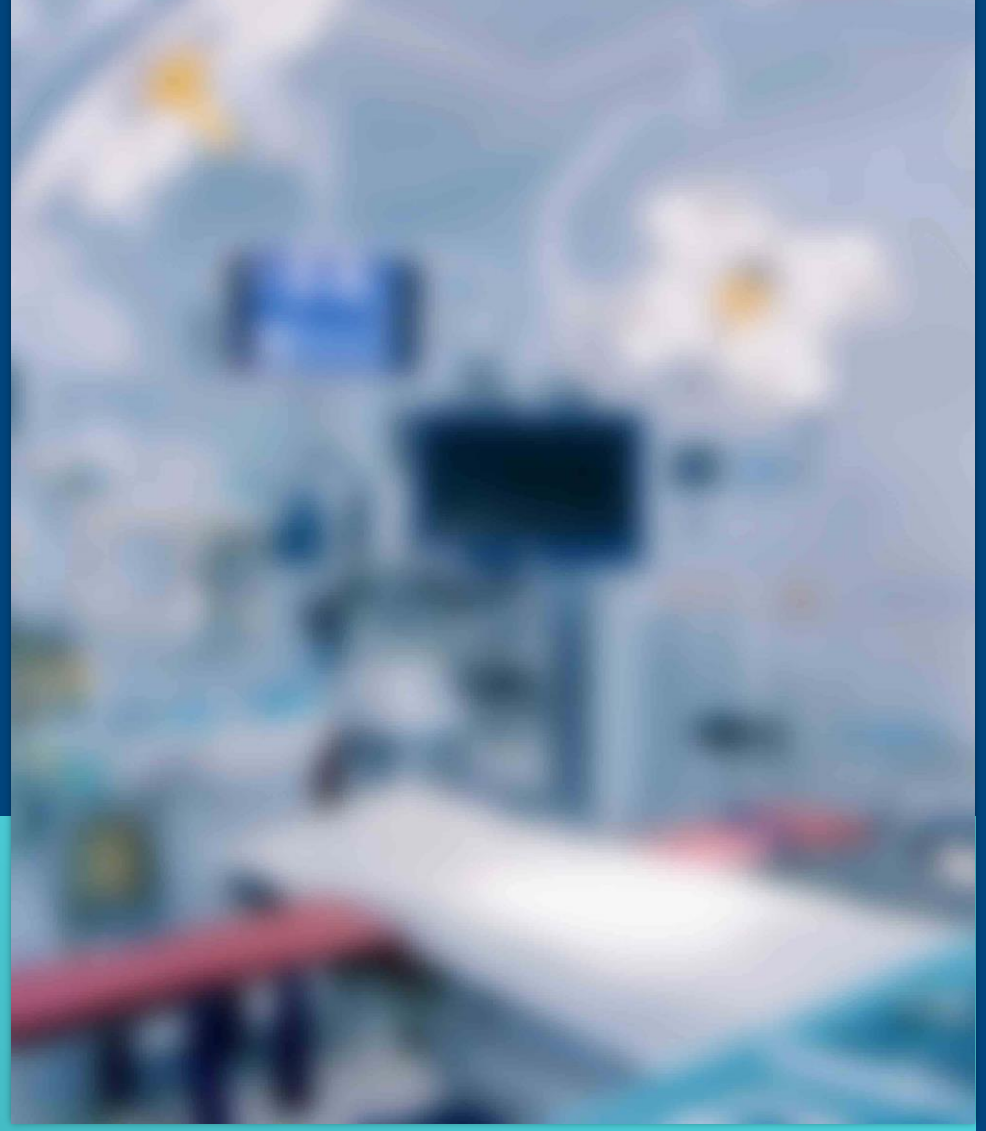
State Law, Hospital Bylaws

PA/NP Co-signature Requirements

- State Law
- Hospital Bylaws



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Payor rules

PA/NP Co-signature Requirements

State Medicaid

Peds vs. Adult

Third Party Reimbursement Rates

Supplemental Teaching Dollars

Inpatient

Accountable Productivity Performance (APP)
Inpatient Adult Billing Algorithm©

Algorithm compatible with Epic, specific for Nurse Practitioners and Physician Assistants

Column A: Admission H&P, Progress Note and Consult Note (APP Bills Independently)	Column B: Admission H&P, Progress Note and Consult Note
IF: • APP sees patient alone • APP sees patient alone and supervising MD stops in to say "Hi." • APP sees patient alone and collaborates with MD but MD does not perform and document a portion of the visit.	**IF:** • APP and supervising MD **both** perform and document a portion of the **history, physical exam and/or medical decision making in an inpatient hospital setting.** The service must be billed by the provider who performed the **"substantive portion, with or without patient contact"** of the visit, ***which is defined as greater than 50% of time when billing based on time or performance of 1 of the 3 key elements (history, exam or MDM).***
SELECT: • Notes→ New notes • Type: Note type (i.e. H& P, progress, consult note) • Uncheck Cosign required o Check associated consult order • Write note, click sign and select charges tab • Select new charges; type in CPT code or description of note type or select CPT code from drop downs • Select new charges; type in CPT code or description of note type or select CPT code from drop downs • Under reviewed select charges, click charge description, verify dx, verify APP as service/billing provider, accept and file charge • To cc a physician, after the note is signed: o Click chart review o Click "Notes" Tab o Find the note and single click or highlight that note o Click "Route"	**SELECT:** • Notes→ New notes • Type: Note type (i.e. H& P, progress, consult note) • Cosigner: Enter supervising MD who has evaluated the patient o Check associated consult order • Write note, click sign and select charges tab • Select new charges; type in CPT code or description of note type or select CPT code from drop downs • Under reviewed selected charges, click charge description, verify dx, go to modifier field and search FS modifier to add to charge, verify provider who performed the substantive portion as billing provider and other provider as service provider, accept and file charge • **If billing under MD**: MD will go to in basket→ co-sign basket, click selected chart, click on encounter, create addendum, click progress note, document and sign

General Billing Guidelines:

- The APP can evaluate and bill independently for H&Ps, consultations, and discharges per the Hospital Rules and Regulations.
- For all services, each clinical provider must always document their portion of the service, as appropriate.
- For split/shared visit billing, the APP and supervising physician must evaluate the patient on the same calendar day.
- For surgical patients, sub-care services should be documented via progress notes and billed daily until decision for surgery made.
- Procedures performed by an APP must be billed under the APP for all payers as long as procedure is listed in their scope of practice/practice agreement.

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Outpatient

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Accountable Productivity Performance (APP)
Outpatient Adult Billing Algorithm©

Algorithm compatible with Epic, specific for Nurse Practitioners and Physician Assistants

Column A (APP Bills Independently)	Column B (Supervising MD/APP Shared Visit)
IF: • APP sees patient alone • APP sees patient alone and supervising MD stops in to say "Hi." • APP sees patient alone and collaborates with MD but MD does not perform and document a portion of the visit.	**IF:** • APP and supervising MD **both** perform and document a portion of the **history, physical exam and/or medical decision making in an outpatient hospital location.** The service must be billed by the provider who performed the **"substantive portion, with or without patient contact"** of the visit, which is defined as greater than 50% of time when billing based on time or performance of 1 of the 3 key elements (history, exam or MDM). • **Split/shared rules do not apply in a doctor's office location.** In doctor's office locations where both an APP & MD are involved in the visit, the service may be billed under the APP or MD, but the level of service must be based on the billing provider's independent performance and documentation of history, exam and/or MDM.

GUIDELINES FOR BILLING:
• APP documents the encounter, selects LOS, signs note, closes encounter, and types "no" to select **no cosign needed**
• APP is both service/performing and billing provider
• Supervising MD **does not co-sign, attest, or add/edit the APP's note**
• If encounter is scheduled with Supervising MD,
  • **Change scheduling provider to APP**
  • Select **No Supervision** (if you want to send a copy of the note to the supervising physician, enter name in the recipient field in the follow-up section and send as "CC")
	GUIDELINES FOR BILLING:
	IF BILLING UNDER APP: Follow instructions in Column A.
	IF BILLING UNDER ATTENDING:
	• If encounter is scheduled with APP, change scheduling provider to Supervising MD
	• APP documents their portion of the visit, signs note, and selects supervision (enter MD with you in clinic)
	• Supervising MD opens note to addend and documents their portion of the visit
	• Adds APP attestation (not resident attestation) and signs note
	• LOS→Select CPT code→ Add FS Modifier (click + to find)
	• **Changes service/performing provider to APP with Supervising MD as billing provider**
	• Supervising MD clicks accept
	• Signs note/closes encounter

Notes:

- APP should never select "share" button. Always sign note prior closing the encounter.
- Post op CPT code is 99024 to be entered in LOS– No charge associated with it (part of the global).
- Procedures performed by an APP must be billed under the APP for all payers as long as procedure is listed in their scope of practice/practice agreement. If there is a separate E&M visit, a separate note will be required for the APP procedure.
- Choose 992117 as the LOS to indicate if it is a "Procedure Only" with no separate E&M visit, enter the appropriate procedure charge in the Charge Capture section.

Preparing for CMS 2024
Cost Analysis & Algo Build Considerations

Cost Analysis, CMS January 2024

- Gap between APP performing provider/Physician billing

  Provider vs. APP performing and billing

  - Assuming: APP is performing 50% or great of the service by time

Building CMS January 2024 Attestations

APP vs. Physician Attestations for ***Split/Shared***

- Time
- Compliance audits (“hover capability”)
  - I.e. EPIC

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APP Financial Dashboard

Access, Cost, Quality

“Utilizing APPs to their full potential can help improve patient access, reduce the cost of care, advance quality outcomes and increase provider satisfaction.” Sullivan Cotter

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APP Financial Dashboard

TRANSPARENCY

Access

New Patient Access
Return Patient Access

Cost

APP Utilization, Scope
APP Staffing Models

Quality

Patient Experience
Accountability to hospital rules/regs

Family Medicine APP Dashboard

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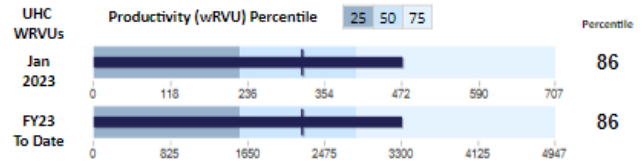
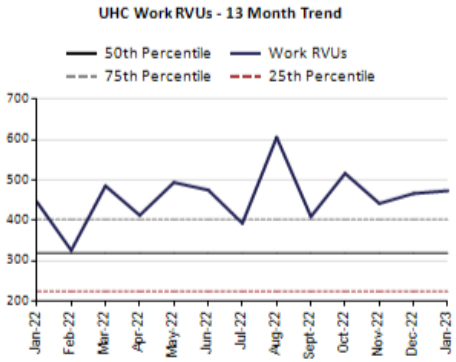
Effective Date: 2023-01-31

Specialty: CU57 - Primary Care Advanced Practice Provider; cFTE:1.00

Revenue Cycle





Measure	Jan-23	FYTD	LFYTD	LFYTotal	+/- LFYTD
Billed UHC wRVUs	473	3,305	2,800	4,992	18.02%
Performed UHC wRVUs	467	3,261	2,737	4,919	19.14%
Collections	$24,245	$221,853	$177,269	$313,788	25.15%
Collections per WRVU	$51.24	$67.13	$63.31	$62.86	6.04%
Charge Lag	6.7	3.1	6.2	5.2	-50.44%
OP Composite	288	1,924	1,604	2,822	19.95%
New Billed Visits	29	313	308	534	1.62%
New Patient Visit Percent	12.8%	19.0%	20.8%	20.7%	-8.73%
Billed Surgical Cases	-	-	-	-	0.00%

Measure	22-Jan	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sept	22-Oct	22-Nov	22-Dec	23-Jan
Billed UHC wRVUs	445	326	485	412	494	475	393	605	409	516	442	466	473
Performed UHC wRVUs	441	321	485	411	492	473	391	604	408	504	428	458	467
Collections	$23,615	$22,460	$27,809	$26,913	$29,006	$30,331	$26,672	$38,648	$28,596	$27,605	$39,034	$37,054	$24,245
OP Composite	257	189	274	229	280	272	212	341	233	304	280	284	288

FYTD Top 10 Service Codes / Description	UHC WRVUs	Service Units	WRVUs Per Service	% Total
99214 - PR OFFICE/OUTPATIENT ESTABLISHED	1,622	845	1.9	49.1%
99204 - PR OFFICE/OUTPATIENT NEW MODERAT	432	166	2.6	13.1%
99213 - PR OFFICE/OUTPATIENT ESTABLISHED	395	304	1.3	12.0%
99396 - PR PREVENTIVE VISIT,EST,40-64	188	99	1.9	5.7%
99385 - PR PREVENTIVE VISIT,NEW,18-39	119	62	1.9	3.6%
99395 - PR PREVENTIVE VISIT,EST,18-39	102	58	1.8	3.1%
99386 - PR PREVENTIVE VISIT,NEW,40-64	93	40	2.3	2.8%
G0439 - PR PPPS, SUBSEQ VISIT	92	48	1.9	2.8%
99203 - PR OFFICE/OUTPATIENT NEW LOW MDM	53	33	1.6	1.6%
90471 - PR IMMUNIZ ADMIN,1 SINGLE/COMB	33	195	0.2	1.0%
Other Service Codes	175	8,894	0.0	5.3%
Total	**3,305**	**10,744**	**0.3**	**100.0%**

Payor Mix (UHC WRVUs)	FYTD	LFYTD	+/-
BLUE CROSS BLUE SHIELD	45.4%	46.4%	-1.0%
COMMERCIAL	1.8%	2.1%	-0.3%
MANAGED CARE	19.9%	19.8%	0.1%
MARKETPLACE PLAN	8.3%	8.5%	-0.3%
MEDICAID	2.4%	4.3%	-1.9%
MEDICARE	16.8%	12.7%	4.2%
OTHER ORGANIZATIONS	0.0%	0.0%	0.0%
SELF-PAY	0.8%	1.3%	-0.6%
TRICARE	4.6%	4.9%	-0.3%

Access (PATH)

Measure	Jan-23	Target	FYTD
New Patient Appointment Lag Days	43.36	< 21	37.17
New Patient Appts Within 14 Days %	10.71%	> 65%	14.40%
3rd Next Available New Appointment	47.81	< 15	34.49
Density - Actual - Minutes	89.43%	> 85%	83.24%
Density - Scheduled - Minutes	96.65%	-	91.48%
No Show Rate	6.64%	< 10%	8.77%
Patient Same-Day Cancellation Rate	11.18%	< 5%	12.63%
Provider Cancellation Rate	9.21%	< 5%	8.06%

Patient Experience (Medical Practice)

Measure	Target	FYTD n = 120	LFYTotal n = 157
Access	79.80%	74.00%	78.71%
Care Provider	88.35%	85.70%	83.96%
Moving Through Your Visit	71.01%	62.28%	63.97%
Nurse/Assistant	86.84%	82.58%	84.45%
Overall Assessment	87.70%	85.17%	83.07%
Personal Issues	86.64%	82.72%	87.05%
Willingness to Recommend	87.70%	83.90%	84.08%

<= 0.0000 percentile | > 0.0000 percentile | > 0.7980 percentile | > 0.8000 percentile

[1]Includes UHC Adjusted Work RVUs (modifier adjustments, Multiple Procedure Payment Reductions, etc.)

Pediatric Outpatient Specialty APP Dashboard

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Effective Date: 2023-01-31

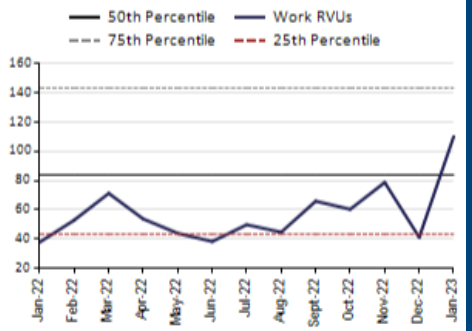
Specialty: AP09 - Otorhinolaryngology -- Non MD -- C&W; cFTE:1.00

Revenue Cycle

Top 5 Billing Providers Related to Performed UHC wRVUs

Billling Provider	MTD	FYTD
	169	574
	110	450
	109	560
	87	589
	35	290

UHC Work RVUs - 13 Month Trend



Measure	Jan-23	FYTD	LFYTD	LFYTotal	+/- LFYTD
Billed UHC wRVUs	110	450	312	572	44.18%
Performed UHC wRVUs	511	2,462	1,427	2,986	72.54%
Charge Lag	3.4	4.0	5.1	4.9	-20.54%
OP Composite	99	529	247	585	114.17%
New Billed Visits	43	220	127	264	73.23%
New Patient Visit Percent	63.2%	64.5%	56.7%	60.6%	13.79%
Billed Surgical Cases	-	-	-	-	0.00%

Measure	22-Jan	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sept	22-Oct	22-Nov	22-Dec	23-Jan
Billed UHC wRVUs	38	53	71	54	44	38	50	45	66	60	79	41	110
Performed UHC wRVUs	236	232	326	367	283	350	328	277	382	337	333	295	511
OP Composite	37	47	82	74	79	66	77	76	80	69	79	57	99

FYTD Top 10 Service Codes / Description	UHC WRVUs	Service Units	WRVUs Per Service	% Total
99203 - PR OFFICE/OUTPATIENT NEW LOW MDM	192	120	1.6	42.6%
99213 - PR OFFICE/OUTPATIENT ESTABLISHED	82	63	1.3	18.2%
99202 - PR OFFICE/OUTPATIENT NEW SF MDM	75	81	0.9	16.7%
99204 - PR OFFICE/OUTPATIENT NEW MODERAT	34	13	2.6	7.5%
99214 - PR OFFICE/OUTPATIENT ESTABLISHED	25	13	1.9	5.5%
99212 - PR OFFICE/OUTPATIENT ESTABLISHED	22	31	0.7	4.8%
99244 - PR OFFICE/OP CONSLTJ NEW/EST PT MOD	15	5	3.0	3.3%
99215 - PR OFFICE/OUTPATIENT ESTABLISHED	3	1	2.8	0.6%
99243 - PR OFFICE/OP CONSLTJ NEW/EST PT LOW	2	1	1.9	0.4%
69210 - PR REMOVE IMPACTED EAR WAX	1	2	0.6	0.3%
Other Service Codes	0	6,190	0.0	0.0%
Total	**450**	**6,520**	**0.1**	**100.0%**

Payor Mix (UHC WRVUs)	FYTD	LFYTD	+/-
BLUE CROSS BLUE SHIELD	10.3%	16.5%	-6.3%
COMMERCIAL	0.0%	0.0%	0.0%
MANAGED CARE	4.4%	5.9%	-1.6%
MARKETPLACE PLAN	1.0%	3.0%	-2.0%
MEDICAID	80.0%	70.4%	9.6%
OTHER ORGANIZATIONS	0.0%	0.0%	0.0%
SELF-PAY	1.8%	1.1%	0.7%
TRICARE	2.5%	3.0%	-0.5%

Access (PATH)

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Report created by MUSC Health Analytics 1/2 2/13/2023 2:56:24 PM

For data access issues, please submit a ticket here

Take Home Points

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At the conclusion of this session, participants should be able to:

1. APP billing attribution is only as effective as the APP/Physician working model and an APP Billing Algorithm.
2. APP financial dashboard provides transparency around RVUs/Collections/Lag Days and promotes discussion around:
    a. APP Utilization
    b. APP Staffing
    c. APP Compensation
    d. APP Compliance
    e. APP Quality
3. CMS 2023 Rule is delayed until January 1st, 2024
    a. Split/shared only applies to outpatient and inpatient hospital encounters (not doctor's office locations – doctor's office locations do not allow for split shared billing)
    b. Split/shared critical care time's only change was that in 2022 the APP and Physician could combine their total time spent with patient.

References

1. Pickard T. Calculating your worth: understanding productivity and value. *J Adv Pract Oncol*. 2014;5(2):128-133. doi:10.6004/jadpro.2014.5.2.6
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3. Brooks PB, Fulton ME. Demonstrating advanced practice provider value: Implementing a new advanced practice provider billing algorithm. *JAAPA*. 2019;32(2):1-10. doi:10.1097/01.JAA.0000550293.01522.01

Questions?

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