



## NAPNAP Position Statement on Reimbursement for Nurse Practitioner Services

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Nurse Practitioners (NPs) provide comprehensive, cost-effective, high-quality health care services in diverse settings across the care and age continuum. When NP care delivery is optimized, disparities are reduced, and access to health care is improved (National Academies of Sciences, Engineering, & Medicine [NAMS], 2021; Newhouse et al., 2011; Poghosyan & Carthon, 2017). The National Association of Pediatric Nurse Practitioners (NAPNAP) believes that NPs must receive equitable reimbursement from all payers to provide the communities they serve with the full scope of health care services. NAPNAP understands the unique

contribution NPs make to the nation's health care system and recognizes that NPs are important members of the health care delivery team who increase patient access to care and deliver safe, patient-centered care in a variety of settings, including telehealth (Harkless & Vece, 2018; Newhouse et al., 2011; Poghosyan & Carthon, 2017; Snyder & Kerns, 2021). NPs are recognized as independently licensed providers of primary, specialty, and acute care and have demonstrated the ability to provide high-quality health care and incur the same overhead costs as physicians providing care to patients. Therefore, it is imperative that NPs be reimbursed commensurate with physicians for the services they deliver across all federal, state, and health care agency payers and settings, including telehealth (Harkless & Vece, 2018; Snyder & Kerns, 2021).

Although the U.S. Balanced Budget Act of 1997 authorized Medicare reimbursement for NPs in all sites of service, it set the payment rates for NPs at only 85% of the physician rate (Bischof & Greenberg, 2021; Buppert, 2020). State Medicaid programs and many third-party payers, such as commercial indemnity insurers, commercially managed care or health maintenance organizations, and businesses or schools, also frequently pay NPs less than physicians to provide the same services. In addition, third-party entities have reimbursement policies for NP care that are often more restrictive than state scope-of-practice regulations and provide unnecessary limitations on NP care delivery. The number of NPs has risen

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dramatically since 2007, and their contributions to health care delivery have evolved significantly. Evidence indicates that NPs are essential to enhance access to care for underserved populations experiencing health care access inequities (Yang et al., 2021). These facts support the need to equalize reimbursement for all providers (Bischof & Greenberg, 2021; Buppert, 2020; U.S. Government Printing Office, 1997).

NPs' ability to demonstrate the clinical and financial outcomes related to the care they provide is critical to supporting changes in coverage and reimbursement rules; however, efforts to document these measures are hindered because third-party payers often require NP services to be billed under a physician's name and provider number. This renders the care provided by NPs invisible. Consequently, administrative and clinical data regarding NP care delivery is subsumed under physician documentation, making it difficult to account for NP care delivery outcomes or revenue generation (American Academy of Nursing, 2010; Yee, Boukus, Cross, & Samuel, 2013).

Nurses have been listed as the most honest and ethical profession year after year since the inception of the Gallup Poll (Gallup, 2022). Similar to physician data, individual NP outcome data must be visible to support this trust (Aiken et al., 2021). There is no transparency when the NP outcome data is bundled under the physician's data. In addition, the NP's contribution to population health and ability to impact social determinants of health are lost without provider transparency and cannot be tracked (NAMS, 2021). States that have passed Full Practice Authority legislation for NPs experience better access to care, lower cost of care, higher quality of care, and more innovative business models for health care delivery and reimbursement (Hart, Ferguson, & Amiri, 2020; Rapsilber, 2019).

Nurse practitioners in specialty services and acute/critical care often deliver care in a team-based model, with other providers in the same team/specialty. Reimbursement complexities are common when more than one provider manages a patient on the same day. Typically, only one claim for the patient evaluation/management may be submitted from a specialty team. As the physician's reimbursement rate is typically greater than the NP's, the physician's service is often reflected on the claim, disadvantaging the NP. Shared/split billing allows both professionals to document their role in the evaluation and management of the patient, allowing NP contribution to care to be visible (Centers for Medicare & Medicaid Services, 2021). Inpatient reimbursement is further complicated when reimbursement charges are bundled together for a group of providers. When many critical care and surgical service charges are bundled into one charge, it is difficult to identify the charges specifically for the care provided by the NP. Ongoing advocacy is needed to optimize inpatient NP reimbursement.

NAPNAP advocates for the following:

- 1 All NPs obtain their own national provider number.
- 2 All NPs obtain their own Drug Enforcement Agency number.
- 3 Full Practice Authority for NPs in all states facilitates equitable reimbursement and innovative business models for health care delivery and reimbursement.

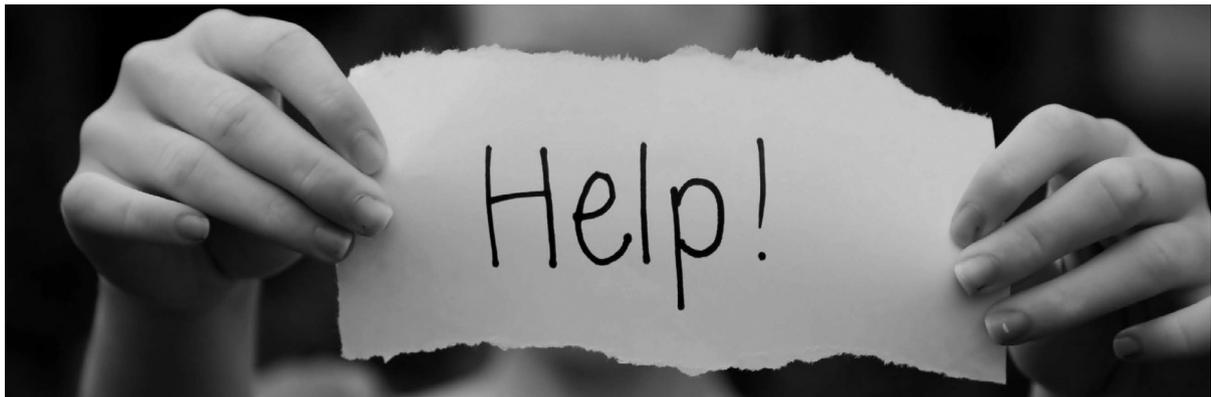
- 4 Direct reimbursement for NP services from insurance companies billed under the NP's name and national provider identifier number.
- 5 Comprehensive documentation of NP care delivery supports reimbursement for and measurement of NP contributions to care (NAMS, 2021).
- 6 Equal reimbursement for all health care providers when performing the same service (Bischof & Greenberg, 2021; Buppert, 2020).
- 7 Legislation and policies require state and federal programs to reimburse all health care providers equally.
- 8 Inclusion of NPs on commercial and other payers' advisory and credentialing committees.
- 9 Recognition of the NPs' ability to lead a health care/medical home or accountable care organization (National Association of Pediatric Nurse Practitioners, 2021).
- 10 Payment reform to improve population health and decrease health disparities by addressing social determinants of health will improve access, cost, and transparency in health care delivery (NAMS, 2021).
- 11 Value-based payment or other payment models recognize and reimburse all providers equitably.
- 12 Transparency in reporting quality and outcomes data for all providers; therefore, NP data should not be bundled with physician data.

NAPNAP, an organization whose mission is to empower pediatric-focused advanced practice registered nurses and key partners to optimize child and family health, believes that NPs should apply for and use their own provider numbers and that it is imperative that NPs are reimbursed directly and equitably for the health care services they are able to provide.

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