

## Why Are We Still Invisible?



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When I began practice as a nurse practitioner (NP) in 1991, there was no national provider identification number (NPI). I was paid a salary, and how my services were billed for was a mystery to me. I provided care to women and children, and most of this care was reimbursed by a preferred provider organization, Civilian Health and Medical Program of the Uniformed Services, or Medicaid. Rarely was Medicare the insurer of my patients. In hindsight, I assume that my employer was billing under the physician who agreed to supervise me. However, this changed in 1996 with the passing of the Health Insurance Portability and Accountability Act. A unique health identifier for each health care provider would be a legal requirement.<sup>1</sup> As a unique human who provided health care, I registered for my NPI. However, my employer did not ask me for this number, so nothing really changed.

In 2001, I moved to another state. My new employer did ask for my NPI. This is great, I thought, now my services in the primary care clinic where I worked as an attending provider supervising pediatric residents would be billed for and my efforts would be visible. Unfortunately, in a restricted scope of practice state, a physician was still required to sign off on my documentation for billing purposes, and I continued to be a ghost in both the outpatient and inpatient settings. This would be the same story everywhere I worked in other reduced and restricted scope of practice states, except at federally qualified health centers.

Over time, NPs have gained practice authority in other states, and some even have full practice authority. However, even full practice authority in certain states is not a guarantee that billing practices will reveal you as the one who performed the service if health care organizations still place restrictions on NP practice. As long as incident to billing is allowed by Medicare and other insurers, there is a financial incentive to continue this practice.<sup>2</sup>

A recent study in *Health Affairs* gets closer to illuminating the truth about how much health care in the United States is provided by NPs and physician assistants.<sup>3</sup> The results show what we all know—billing incident to a physician is still common practice and is more common in states with reduced and restricted practice for NPs. Sixty-nine percent of all primary care practices bill greater than 80% of their visits indirectly. Think about that for a minute. Most of us are still invisible when it comes to cost accounting within the largest health care insurer in the country.

It seems so simple and so transparent to just use our NPI to document who performed the service and bill under that number. Unfortunately, because our services are reimbursed in most cases at only 85% of the amount reimbursed to physicians, there is a financial incentive to the health care organization and generally to physicians to keep things the way they are.

This issue of *The Journal for Nurse Practitioners* focuses on policy, local to global. I hope you will consider how much policy impacts our patients and our practice and renew your commitment to improving policy within your own sphere of influence and beyond.

## References

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