THE STAKEHOLDER APPROACH TO REIMBURSEMENT SUCCESS

LESSONS FROM OHIO and THE MULTI-STATE REIMBURSEMENT ALLIANCE

March 3, 2012
Christine Williams MSN, CNP, FAANP

APN REIMBURSEMENT PROBLEMS

- APNs across the country face inequitable reimbursement from commercial and public insurers
- State NP and APN associations have limited financial resources and human capital to address these problems – yet need to
- Commercial insurers primarily function in regional and national markets that cross state lines making them hard to target
- Insurer provider network policies vary by geographic location within states and across multi-state regions
- NP and APN organizations generally do not understand the importance of creating broad based stakeholder support

Health Reform Complicates the Landscape

- Accountable Care Organizations may potentially change approaches to reimbursement
- State Health Reform can trump Federal Reform
- Move away from Fee for Service to Fee for Bundled Care
- Trickle down philosophy
- Organized physician opposition affects every opportunity for APNs to participate in health reform

Objectives

- Identify effective strategies to secure full credentialing and contracting from public and commercial insurance payers.
- Utilize research-based analyses of APN practice - including quality, access, cost efficiencies and outcomes - to impact negotiations with insurance companies.
- Identify Health Reform Issues which support the use of APN services
- Appreciate the benefits that legal counsel can bring to the negotiating process.
- Understand state insurance statutes’ impact on APN practice.
- Join and support the APN Multi State Reimbursement Alliances both regionally and statewide to maximize the likelihood of success.

Rationale

Inequitable APN reimbursement policies of Medicaid/Medicare and commercial payers limit the ability of APNs to practice within their full scope of practice and, most importantly, limit patient access to high quality health care services
Setting The Stage...The Time is Right

National Economic Climate
- Another Great Depression averted in the US by Stimulus Legislation
- The Worldwide Great Recession likely to be long-standing.

National Health Care Climate
- March 2010 Patient Protection and Affordable Care Act provides coverage for 2/3 of the uninsured in 2014 and beyond
- Delivery reform to contain costs and improve value is in the law indirectly through pilots and demonstrations, such as PCMH and Accountable Care Organizations which will change the entire landscape
- ACA continues to face the threat of “repeal, defund, or reform” key aspects. Supreme Court case to be heard in a few months.

Advanced Practice Nursing ..A Mature Profession
- Growth in the numbers of APNs
- Large contingents of APNs are employed in organized systems
- Growing numbers are employed in APN led and owned practices
- APNs are PCPs and able to provide access to health care services

Setting The Stage...The Time is Right

- National health care leadership supports the role of the NP in health reform
  - Josiah Macy Foundation- Primary Care Report 2010
  - Institute of Medicine: The Future of Nursing: Leading Change, Advancing Health, October 2010
  - American College of Physicians, Nurse Practitioners in Primary Care, 2009
  - Patient Centered Primary Care Collaborative, Recognizes Nurse Practitioners, 2009
  - NCQA- Recognizes Nurse Practitioners, October, 2010
  - National Insurers Expand Primary Care Provider Status to Nurse Practitioners (CareFirst- BCBS: 2010, Aetna; 2010, United (reviewing national policies), CareSource; 2010, etc.)

Ohio’s Reimbursement Issues
- Some national commercial payers will only credential, contract, and recognize independent practice APNs as PCPs (CIGNA), and frequently, only if required to do so by state law
- Many payers charge a higher co-pay for the member to see a nurse practitioner than a physician within the same practice (Anthem)
- Some payers credential APNs but won’t contract with them or won’t recognize them as PCPs. And very few recognize APNs as PCPs voluntarily

Ohio’s Reimbursement Goals
- Full recognition of qualified APNs as PCPs by all public and commercial payers
- Elimination of commercial and public payer barriers to practice
  - No infringement on practice – reimbursement issues and state scope rules and regs are two different things
- Equitable and fair reimbursement for APN-provided health care services
  - 100% reimbursement
- ACO participation as leaders, not just part of the team

Benefits of Payer Recognition, Credentialing, and Contracting
- Coordination and continuity of patient care
- Relief of patient access problems
- Choice of provider by listing APNs in provider directory
- Greater job security for APNs
- More APNs in independent, APN-owned practices and nurse managed centers (promotes improved practice environment)
Additional Benefits of Payer Recognition, Credentialing, and Contracting

- Promotes likelihood of expansion in scope of practice
- Decreases resistance to regulatory scope of practice change
  
  Ohio e.g.: Created less resistance to approval of Schedule II prescribing rights (2012 victory after 7 years and more than $300,000)
- Access to health care team leadership positions (i.e. Medical Home Model)
- Preparation for ACO active practice participant (not just team member)

Legal or Legislative Remedy

- Seeking legal remedy is the most desired, most permanent and can be the most expensive solution
  - Costs of legal counsel, lobbyist, and reimbursement/coding specialist
  - Time expenditure by reimbursement and leadership team members
  - Brings out the anti-APN forces
- Losing is costly (financially, emotionally, and professionally)
- But, success is lasting

Recommendations for a State Reimbursement Dream Team

- Membership and Structure
  - Lobbyist
  - Legal Counsel
  - APN Reimbursement, Coding and Practice Management Specialist
  - APNs from Multiple Specialties
  - Legislative Committee Representative
  - President of APN state organization

Commercial & Public Payer Stakeholder Strategies

1. **Identify problem, collect and analyze data**
   - Pursue remedies

2. **Meet and negotiate with payer**
   - Identify and mitigate effect of opponents

3. **Secure stakeholder support**
   - Identify and meet with stakeholders

State Level Data Collection

- Develop system for APNs to identify, report, analyze, and communicate payer problems
  - APN surveys to identify and report payer-specific reimbursement problems
  - Compile reimbursement problem matrix and forward to targeted payer
  - Identify links to the targeted payer’s key stakeholders, such as insured employer groups

Reimbursement Complaint Matrix

<table>
<thead>
<tr>
<th>APN Name</th>
<th>Contact Info.</th>
<th>Type of Provider</th>
<th>Collaborating Physician</th>
<th>Collaborating Physician Panel Status</th>
<th>Problem</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Meet and Negotiate

- Meet with payers who do not recognize APNs as PCPs, reimburse or credential APNs
- Tactics:
  - Meeting arranged with executive level personnel
  - Solicit APN membership to complete targeted insurance survey, be sure to update and review status of complaints
  - Send complaint matrix to payer just before meeting for review
  - Draft meeting handouts

Sample Agenda

- Introductions
- Goals of Meeting
- Clarify Insurers Current APN Policies
- Current APN Member Problems with the Insurer
- What can APNs do for Insurer?
  - Cost-Effectiveness, Accessibility, Outcome Data
- Action Steps / Meeting Follow-Up/Insurer Contact Person

Meet and Negotiate

- Tactics:
  - Pre-meeting conference with APN team
  - Post-meeting conference with APN team
  - Identify payer’s APN advocates
  - Send prompt follow-up letter and reinforce open communications to resolve problems

Develop Multi-Payer Insurance Matrix

<table>
<thead>
<tr>
<th>Name of Insurer</th>
<th>Government or Commercial</th>
<th>Credentialing APNs?</th>
<th>APNs Recognized as PCPs?</th>
<th>Direct Reimbursement to APNs?</th>
<th>Comments</th>
<th>Provider Question Contact</th>
<th>Patient Question Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Commercial</td>
<td>Cred. Indep. APNs</td>
<td>Paid at 85%</td>
<td></td>
<td></td>
<td>1-888-632-3862</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
</tbody>
</table>

Stakeholder Analysis – What is it?

- Brainstorm and identify a list of the key individuals, institutions and organizations that could influence your success with a particular payer
- Think outside the box – don’t just rely on nursing organizations
- Clarify what type of influence they have, positive or negative
- Develop strategies to secure the support of your stakeholders; how can you make your interests their interests?
- How should you approach each stakeholder? Are there other individuals or groups who might influence the stakeholder to support your initiative?
Identify Potential Stakeholders
(Public and Private)

- **Purchasers**
  - Employer Trade Associations
  - State Insurance Trade Assoc.
  - Business Organizations
  - Unions & Employee Org.
  - Large Employers
  - Insurers

- **Regulators**
  - Department of Insurance
  - Department of Medicaid
  - Elected Officials

- **Providers**
  - Hospitals
  - Long Term Care Facilities
  - Physician Organizations
  - Nursing Organizations

- **Consumers**
  - Health Reform Advocates
  - Disease Advocacy Org.

Identify All Possible Stakeholders

- Employer groups with a health interest (i.e., Employer Health Purchasing Corp. of Ohio; National Business Coalition on Health)
- State Insurance Trade Associations (i.e., Ohio Association of Health Plans)
- Business Associations
- Hospital Associations
- Union plans
- Retirement plans

Identify All Possible Stakeholders

- Nursing schools
- Consumer groups
- Department of Insurance
- Legislators
- Governor
- Government agencies
- State health reform groups/committees
  - Potentially, physician assistant groups, depending on practice climate

Significant Barriers to Contracting and Credentialing

- No state or federal legal requirement to contract
- Personal bias
- Organizational culture
- Physician dominance
- Technological barriers
- APN organizations (i.e., lack of centralized, on-line credentialing; no national credentialing verification organizations (CVOs))

Solving the Contract Mandate

- Statute, Rule or Administrative remedy can be pursued through:
  - Department of Insurance
  - State Department of Medicaid
  - State Department of Medicaid Managed Care
  - State Health Department
  - Board of Nursing

Messages to Secure Stakeholder Support

- Business/Employer Benefits
  - High quality care
  - Cost effective care
  - Increased access
  - High patient satisfaction
  - Value-added care
- Employee Benefits
  - High quality care
  - Cost effective care
  - Increased access
  - High patient satisfaction
  - Transfer cost-savings back to employee
- Payer Benefits
  - High quality care
  - Cost effective care
  - Increased access
  - High customer satisfaction
Techniques to Secure Stakeholder Support

- State Administrative and Executive Powers
  - Medicaid agenda
    - Do not assume that they know anything about APNs
  - Connect the dots between an APN friendly state environment and the number of RNs in the state
  - Deficit of Primary care providers - discussion
  - APNs migrate to states where they can practice
  - Use other states as examples
  - Watch for partisan positioning

Critical Stakeholders

- Educate and organize healthcare consumers, AARP, (patients)
- Work with the largest employee groups
  - State and municipal employees
  - Retirees
  - Unions (get support from your state nursing organization’s union)
  - University unions

Identify and Mitigate Impact of Stakeholder Opponents

- Potential opponents
  - Medical societies
  - Payers
  - Insurance trade associations
  - Managed care trade associations

2009-2011 Ohio Strategies for Change

- Changed Medicaid PCP Rule
- Promoted PCP amendment for commercial payers (non-discriminatory language)
- Ohio Governor’s budget – sought inclusion as a PCP amendment
- Obtained inclusion in the Ohio medical home demonstration project that included only physicians
- Obtained inclusion in the state health reform leadership and medical home project
- APNs sat on multiple state committees - 2010
- Ongoing meetings with executive leadership of all commercial insurance companies

Pursuing Regulatory and Legislative Initiatives

- OAAPN performed an insurance law review of over 20 states to compare and contrast language
- Collaborated with the business community in pursuing insurance law change
- Collaborated with the Department of Insurance to gain support for regulatory change
- Collaborated with Medicaid
- Has not pursued regulatory change yet

Lessons from the Front

- Marathon – don’t give up
- Understand the battlefield and its ever changing landscape, analyze and reanalyze
- Negotiation is a dance
- Constant presence is unnerving to opponents
- “All Roads Lead to Rome” – Use them all!
- Both regulatory and legislative change are essential for long-lasting effect
- Multi-State action is a critical addition to individual state efforts
Partial Summary of Ohio Specific Stakeholder Groups 2009-2011

Large Employer and Employee Groups, State Department of Insurance, Area Agency on Aging, AARP, Public Employee Groups, Unions including SEIU1199; AFL-CIO, State Teachers Association, Public School Employee Association, Pension Plans, Ohio Association of School Boards, Insurance Companies, Business Associations, Elected Officials, Department of Health, and Medicaid

Unexpected Benefits of Stakeholder Analysis for Other APN Initiatives

Cultivating previously untapped stakeholder support results in support for other non reimbursement issues.

- Public school employees associations and the teacher’s union were supporters of schedule II legislation. It was in their best interest to have ADHD students properly medicated (more likely Democratic)

- State associations of school boards and school superintendents (GOP) support health care services delivered to their employees and students – competitively.

- AARP became a supporter of schedule II legislation when they realized that APNs provided pain management and wound services to the majority of the elderly in LTC facilities

- FQHCs have a large % of APN providers – these Community Health Centers need to support APNs

- Health reform organizations and coalitions support greater access and will support cost savings and patient access

OHIO Contact

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Chair MSRA, Chair, Reimbursement Committee, Immediate Past President OAAPN 2011
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HISTORY OF THE NP MULTI STATE REIMBURSEMENT ALLIANCES

- First MSRA Met in Ohio - 2006:
  - Seventy Five leader representatives from various state associations, representing 11 states attended
  - Attendees realized the advantage of looking at our “sister” states and identifying common issues regarding reimbursement concerns
  - MSRA has met annually since 2006
  - APN MSRA becomes NP MSRA as AANP provides leadership and support – 2010
  - Growth to 6 regional MSRAs 2011

Multi State Reimbursement Alliances

- Region 1 and 2 Northeast MSRA
- Great Lakes MSRA
- Region 3 MSRA
- Region 4 MSRA
- Region 5 MSRA
- Region 6 MSRA
### Multi-State Reimbursement Alliance

**GOAL:** Identify common barriers to reimbursement across states and regions and common strategies to address barriers through collective action

- Address regional and national issues
- 2011 Payer Target → HUMANA
- APN participation on state health reform committees
- Leadership in the ACOs
- Complete Insurance Matrix

### PURPOSE OF THE NP MSRA

- To seek solutions to the inequities in reimbursement for NP services in multi-state regions.
- To utilize collective action to address these inequities.
- To pool resources - organizational, financial and human capital - to more efficiently and effectively address regional and national reimbursement problems.
- To seek additional national organizational support (AANP) in solving the regional reimbursement problems.

### MSRA GOALS

- To utilize legal, legislative and regulatory mechanisms needed to overcome the reimbursement barriers facing NPs
- To provide state and regional perspectives on the problems commercial payers create for NP providers due to inconsistencies in payment for services rendered
- To assure that fair and equitable reimbursement is guaranteed to all NPs in the Multi State geographic area
- To assure that patient access to NP services is not limited, restricted, or denied due to commercial payer rules and regulations
- To encourage states to share their learned lessons with their sister states

### MSRA Benefits

- Responding regionally is essential, since insurance companies are increasingly regional and national in their credentialing and contracting practices and policies.
- Fast tracking of commercial insurance problems and policies
- Confirmation of insurance practices in multiple locations
- Multi State action plan leads to more rapid changes in insurance policies because of corporate perception of larger threats

### MSRA Struggles

- Insurance companies are moving targets (insurance companies are chameleon in character)
- Investment of time and financial resources
- Maintenance of the commitment and motivation by alliance members, who are busy working at the state level
- Keeping abreast of the changing health reform landscape

### MSRA OUTCOMES

- Insurance Matrix shared with multiple states
- Comparison of insurance practices in multiple states benefits state level negotiations
- Shared research and strategies
- National Successes: UAW contracts 2007, UAW retirees covered 2010, United (we need to return to the table), CIGNA credentials independent — considering others, AETNA credentials all APNs; HUMANA to implement national NP credentialing policy in 2012
### Multi-State Organizational Structure

- **Ohio-Michigan Alliance**
  - Auto companies; Paramount Insurance 2011
- **Collaborate with contiguous States** when possible
  - Regional and national NP groups
- **2009 Original Multi-State Reimbursement Alliance** grew to 14 states: MI, OH, IN, PA, IL, KY, VA, WV, MD, MA, CT, VT, CO, AZ.
- **2011 Great Lakes MSRA has 11 states**: with 5 additional MSRAs across the country
- Annual meeting of all MSRA leaders in Washington

### Multiple MSRAs – A National Strategy

- AANP Supported the first APN MSRA, Great Lakes-Mid Atlantic
- AANP Supported and Organized Five Additional NP MSRAs – 2011

### Current Structure of 6 MSRAs

- **Great Lakes & Mid Atlantic** – Original: MI, IL, IN, OH, PA, MD, WV, VA, DC, KY
- **North East** – Region 1: ME, VT, NH, RI, NJ, MA, NY, CT
- **South East** – Region 11: FL, GA, AL, MS
- **South West Central** – NM, CO, UT, AZ
- **East Central** – Region 4: NC, SC, KY, TN
- **Central** – Region 7: IA, NE, KS, MO

### Employer Health Care Costs Spiral Up

- US health care costs are in an upward spiral with no end in sight
- Emergency-room visits cost $300 to > $1,000, compared to: $150 at an urgent-care center
  $65 to $100 at an outpatient office
  $45 to $55 at a convenience-care clinic
- Large employers expect the annual insurance costs for companies will increase by another 6.4% **to $8,863 per employee** (Alliance for Health Reform 2009; Towers and Perini 2009; National Coalition on Health Care 2009)

### Workers Health Care Costs Soar

- In 2009, workers saw their annual contributions to premiums increase by nearly 8% with co-payments and deductibles expected to increase 10.1% over 2008.
- The average cost of a family health care policy is now more than the annual minimum wage.

### Health Care Delivered by APNs

**Results In:**

- **High quality care**
- **Cost effective care**
- **High patient satisfaction**
- **Value-added care**
Quality of Care Improves With Advanced Practice Nurses

- Research indicates Nurse Practitioners (NPs):
  - Identified more physical abnormalities than physicians
  - Were as accurate as physicians in ordering and interpreting x-ray films
  - Gave more information to patients
  - Had more complete records and scored better on communication than doctors. (Horrocks 2002)

- In another study, NPs had better outcomes and lower costs than physicians when managing patients in the Medical Intensive Care Unit. (Hoffman, et al. 2005)

Quality of Care Improves With Advanced Practice Nurses

- Nurse Practitioners provided a “total package of care that was equal to and better in some cases than the physician care in an emergency – urgent care setting”
- Waiting times were much lower and medical errors were significantly lower (13.2% vs. 9.6%) (Sakr, et al. 2003)
- Preventive care services including screening and rates of health counseling provided in primary care practices for diet, HIV, STD, tobacco use, exercise etc., were significantly higher in visits involving a NP (Lin 2004; Hung 2006)

Quality of Care Improves With Advanced Practice Nurses

- In multiple studies, Nurse Practitioners achieved or exceeded the expected quality outcomes in treatment of:
  - obesity, COPD,
  - congestive heart failure,
  - high cholesterol,
  - asthma, diabetes,
  - hypertension, and
  - cervical and breast cancer screening

Prenatal Care and Advanced Practice Nurses

- Excellent Outcomes, Higher Quality of Care and Reduced Costs
  - One-half of 173 high risk prenatal patients received home care from advanced practice nurses resulting in 78% fewer infant deaths, 11 fewer preterm births, and fewer prenatal and infant re-hospitalizations
  - Health Care Savings in this group – included 750 fewer hospital days for a total savings of $2,496,145
  - Prenatal care provided to 80 women with high risk pregnancies by the APNs resulted in fewer hospital days and significant savings over the infants’ first year of life (Brooten et.al 2001, 2005)

Psychiatric Clinical Nurse Specialists (CNS) Provide Quality Care

- Psychiatric Clinical Nurse Specialists are the only mental health provider licensed to provide mental health therapy and medications other than the psychiatrist.
- United Behavioral Health – conducted a national survey on prescribing practices of psychiatric CNSs and found only minor differences between psychiatrists and CNSs
- Additional studies indicate that there are no differences in quality of care between psychiatrists and the psychiatric clinical nurse specialists

Health Care Delivered by APNs

- Results In:
  - High quality care
  - Cost effective care
  - High patient satisfaction
  - Value-added care
### Primary Care Cost Savings

- Nurse Practitioner-managed practices had fewer emergency department visits and fewer inpatient days. Total cost per managed care member was 50% less than the physician cost.
- Nurse Practitioners delivered health care at 23% below the average cost of other primary care providers and had a 41% reduction in hospital inpatient rates.
- Worksite clinics reduced employer costs by 9%.
- Retail clinics decrease employer costs when used appropriately.

### Chronic Disease and Aging Population Fuel Health Care Costs

- Americans are living longer.
- Chronic health problems have overtaken acute illnesses as the major determinant in health care costs. Retirees' chronic health care costs have skyrocketed.
- Heart Failure will continue to be a major public health burden, consuming billions of dollars each year since patients with heart-failure typically have the highest rate of hospitalization.
- Nearly 5 million U.S. citizens require heart failure management and 500,000 cases are diagnosed each year. (National Institute of Health News, American Heart Association, Science Daily, 2008)

### Chronic Illness Cost Savings

#### Chronic Disease – Outpatient Congestive Heart Failure Patients

- Advanced Practice Nurses (APNs) coordinated the care of high risk patients with heart failure, both inpatient and outpatient.
- These patients had fewer hospital readmissions – saving $4,845 per patient, with improved quality of life.
- APN care resulted in 38% savings in Medicare Costs. Six Philadelphia academic and community hospitals participated in this study. (National Institute of Health: Naylor, 2004)

### Hospitalized Patients Cost Savings

- Nurse Practitioners and Physician teams reduced the hospital inpatient costs per patient with decreased length of stay, decreased bounce back – readmission rate, and expedited discharge.
- Adding independent Nurse Practitioners to the inpatient CHF team reduced total hospital costs significantly and length of stay.
- Hospitalized CHF patients managed by NPs had excellent outcomes, lower mortality, met quality indicators and had an overall decrease in the length of stay (Oakwood Hospital, Dearborn Michigan, 2005; Rasmusson 2005). (Sample Slide)

### Worksite Nurse Practitioner Cost Savings

- Study assessed the impact of an on-site NP initiative on the health care costs among 4,284 employees and their dependents.
- The benefit of the NP program was defined as the difference between the actual and projected costs of the NP program (very significant benefit ratio).
- **Second analysis:** Health care costs were calculated using paid claims for major diagnostic categories for the year previous to NP and compared with the claims calculated for same time period the NP provided health care.
- Results demonstrated a significant reduction in HCC that was at a minimum benefit-to-cost ratio of 2.4 to 1 (Chenoweth D, 2005).

### Utilization of NPs as Attending Providers for State Workers’ Compensation System

- Study, 3 year pilot program, compared NP and physician PCPs in the role of attending provider for Washington State Worker’s Compensation System.
- **Method:** Comparison was based on medical costs and disability outcomes of injured workers in their care. 29,949 injured workers billing and claim data was reviewed.
Utilization of NPs as Attending Providers for State Workers’ Compensation System

- Results: NPs were more likely than PCPs to be located in rural areas and counties with high unemployment
- Injury type and severity were similar across both provider types
- The likelihood of any time loss from work was lower for NP claims
- The duration of lost work time and medical costs did not differ by provider type (Sears, 2007)
- Authorizing NPs as attending providers may be a cost-effective approach to address access barriers

Health Care Delivered by APNs

Results In:
- High quality care
- Cost effective care
- **High patient satisfaction**
- Value-added care

APNs Provide High Quality Health Care and Patients are More Satisfied

- Research supports that patients are more satisfied with health care provided by NPs than by physicians. (Horrocks, 2002; Shum et al. 2000; Kinnersley et al. 2000; Yenning et al. 2000; Sakr et al. 1999, Adams, 2004; Haidar, 2008).
- Patients reported receiving more information about their illness from NPs than from physicians. (Kinnersley, et al. 2000; Hooker, 2001; Adams, 2004; Haidar, 2008).

Health Care Delivered by APNs

Results In:
- High quality care
- Cost-effective care
- High patient satisfaction
- **Value-Added care:**
  - Customer satisfaction
  - Optimized health
  - Efficient utilization of health-care dollars

Research Demonstrating the Impact of Advanced Practice Nurses on Quality, Satisfaction and Cost Savings by The Ohio Association of Advanced Practice Nurses

2010

Contact: Christine Williams
christinewilliams01@gmail.com
216-536-3670
# Ohio Association of Advanced Practice Nurses
## Insurance Matrix, Updated January, 2012

<table>
<thead>
<tr>
<th>Name of Provider</th>
<th>Government or Commercial</th>
<th>Credentialing APNs?</th>
<th>APNs Recognized as PCPs?</th>
<th>Direct Reimbursement to APNs?</th>
<th>Comments</th>
<th>Provider Question Contact</th>
<th>Patient Question Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Commercial</td>
<td>Yes, all APNs listed in AETNA directories</td>
<td>Recognized as PCPs effective 6/1/10.</td>
<td>May bill directly or under physician. All paid at 85%.</td>
<td>For cred. app. materials, go to <a href="http://www.aetna.com/provider/forms_secure/medical_plan.htm">www.aetna.com/provider/forms_secure/medical_plan.htm</a>.</td>
<td>1-888-632-3862</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
</tr>
<tr>
<td>Amerigroup Community Care</td>
<td>Medicaid Managed Care</td>
<td>Yes, all APNs</td>
<td>NPs in family practice, geriatrics, peds, and IM are recognized as PCPs. CNM and OB/GYNs are considered specialists.</td>
<td>All APNs reimbursed directly.</td>
<td>Veronica Carder can assist with cred. matters. She can be contacted at 757-473-2737, ext. 36037. 513-985-2727 (Director of Provider Relations) (Natalie Parton)</td>
<td>1-800-454-3730 or 513-733-2300</td>
<td><a href="http://www.amerigroupcorp.com">www.amerigroupcorp.com</a></td>
</tr>
<tr>
<td>Anthem</td>
<td>Commercial</td>
<td>Yes, all APNs</td>
<td>Yes.</td>
<td>Yes.</td>
<td>Patricia Lowman can help direct cred. calls. Pat’s phone number is (513)445-0003. Cred. APNs are listed in their directory. UAW retirees are now allowed to see APNs.</td>
<td><a href="http://www.anthem.com">www.anthem.com</a></td>
<td><a href="http://www.anthem.com">www.anthem.com</a></td>
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<tr>
<td>Buckeye Community Health Plan</td>
<td>Medicaid Managed Care</td>
<td>Yes, but only in PCP or OB/GYN setting.</td>
<td>Yes.</td>
<td>Yes.</td>
<td>Jay Avner is the Contracts Manager. He can be contacted about contracts questions at 866-246-4356, ext. 24555.</td>
<td>614-220-4900</td>
<td>614-220-4900</td>
</tr>
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<tr>
<td>CareSource</td>
<td>Medicaid Managed Care</td>
<td>Yes, all APNs.</td>
<td>Assigning PCP designation to FNP, ANP, PNP, GNP, CNS Pediatric CNS Adult CNS</td>
<td>Yes</td>
<td>APNs with existing contract with CareSource can request PCP designation by e-message to: <a href="mailto:ProviderMaintenance@caresource.com">ProviderMaintenance@caresource.com</a> For Updates and Announcements go to <a href="http://www.caresource.com">www.caresource.com</a></td>
<td>APNs not contracted currently with CareSource, submit NPI no. and CAQH no. to contract specialist at Email: <a href="mailto:ContractImplement@caresource.com">ContractImplement@caresource.com</a> FAX: 937-396-3632</td>
<td>1-800-488-0134 <a href="http://www.caresource-ohio.com">www.caresource-ohio.com</a></td>
</tr>
<tr>
<td>CIGNA</td>
<td>Commercial</td>
<td>Effective November 1, 2010: Yes, freestanding NP-led practices. (This is a brand new policy for Cigna. It is for NPs only. They have not agreed to credential CNMs but they did agree to open discussions on this.)</td>
<td>Effective November 1, 2010: Yes, for freestanding NP-led practices. Freestanding NP-led practices will be included in the on-line directory.</td>
<td>Effective November 1, 2010: Yes, for freestanding NP-led practices.</td>
<td>APNs may bill CIGNA indirectly, utilizing the physician or practice ID number, and there are no rules requiring physician practice oversight in order to bill in this manner. Nurse Practitioners practicing in an independent collaborative practice - NP owned, can now be credentialed by CIGNA.</td>
<td><a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a></td>
<td><a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>Great Western</td>
<td>Commercial</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Now a part of CIGNA. However, Great Western’s provider network is not yet integrated with the CIGNA network. As such, Great Western is not currently accepting APNs, because it is not accepting new applications or contracts for ANY type of provider at this time. There is an exception to this policy for 1-866-689-1402</td>
<td>1-866-689-1401</td>
<td></td>
</tr>
<tr>
<td>Name of Provider</td>
<td>Government or Commercial</td>
<td>Credentialing APNs?</td>
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<td>Direct Reimbursement to APNs?</td>
<td>Comments</td>
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<tr>
<td>Hometown/The Health Plan</td>
<td>Commercial</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Not likely to change policy anytime soon.</td>
<td>1-800-624-6961 <a href="mailto:hpecs@healthplan.org">hpecs@healthplan.org</a></td>
<td>1-888-847-7902 <a href="mailto:information@healthplan.org">information@healthplan.org</a></td>
</tr>
<tr>
<td>Humana</td>
<td>Commercial</td>
<td>Yes (At this time, Humana does not have any CNMs on panel.)</td>
<td>Yes</td>
<td>Yes</td>
<td>Generally, if an APN is employed by a hospital or physician group, then the APN is not contracted directly because the contract would be with the group or hospital as a whole.</td>
<td><a href="http://www.humana.com/providers/">www.humana.com/providers/</a></td>
<td><a href="http://www.humana.com">www.humana.com</a></td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Commercial and Government</td>
<td>Yes. All APNs get credentialed. <strong>NOTE:</strong> Kaiser requires a provider to approach the contracting department first. If the panel is open, then credentialing can happen once the contracting process is started.</td>
<td>No. Additionally, APNs are not listed in the provider directory, with the exception of CNM and CNS. This is a national Kaiser issue, not an Ohio-specific issue.</td>
<td>Yes.</td>
<td>Kaiser employs its main provider group in Ohio. A few others contract with Kaiser. NPs are viewed as ancillary to physicians. At least in Ohio, Kaiser believes it has never been confronted with a freestanding APN practice asking to be contracted and listed as the provider. Nothing in Kaiser policy prevents contracting with a freestanding APN practice, but at this time, Kaiser is not entering into any new contracts with outsider providers. Relatively small company in Ohio (138,000 lives and in Northeast Ohio only).</td>
<td>Vanessa Rogal (Director of Network Development and Performance) – 216-479-5120</td>
<td>Lori Fiorelli (Credentialing Administrator) – 216-479-5541</td>
</tr>
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<tr>
<td>Medical Mutual of Ohio</td>
<td>Commercial</td>
<td>Yes, all APNs</td>
<td>Yes (No 12/2011)</td>
<td>Yes at 85%</td>
<td>Issues with UAW retirees.</td>
<td>1-800-362-1279</td>
<td>1-800-523-8558</td>
</tr>
<tr>
<td>Molina</td>
<td>Medicaid Managed Care</td>
<td>Yes</td>
<td>Yes.</td>
<td>Yes. Claims indicate NPs, even if in Dr. practice. APNs bill directly always.</td>
<td></td>
<td>1-800-642-4168</td>
<td>Rebecca Elston (Mgr. – Provider Contracts) - (800) 357-0146 x214324</td>
</tr>
<tr>
<td>Ohio Bureau of Children with Medical Handicaps (BCMH)</td>
<td>Government</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>BCMH will recognize APNs as providers. However, an APN may not be the “managing physician.”</td>
<td>614-466-1700</td>
<td><a href="http://www.odh.ohio.gov">www.odh.ohio.gov</a></td>
</tr>
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**UPDATE FROM 7.8.11 MEETING:** At this time, Kaiser is not entering into any new contracts with any new providers (other than those who are employed by Kaiser’s medical group). However, APNs are welcome to send a “letter of interest” for consideration if Kaiser decides to reopen its panel in the future. The “letter of interest” should be addressed to Vanessa Rogal and include a description of the group, specialty, and why Kaiser has a need for the group’s services (i.e. explain how Kaiser is unable to meet patient needs through its own medical group).
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<tr>
<td>Ohio Health Choice</td>
<td>Commercial</td>
<td>No. (Awaiting update from Summa’s attorney)</td>
<td>No. (Awaiting clarification)</td>
<td>No. (Awaiting clarification)</td>
<td>Is owned by a joint venture which includes Summa. UPDATE: In communications with Summa’s general counsel regarding whether Ohio Health Choice is following the same practices as SummaCare. As of 10/26/11, Summa’s counsel was following up on these items for clarification from Ohio Health Choice.</td>
<td>The contracts manager at Ohio Health Choice is Michelle Bartko (330-996-8209).</td>
<td>1-800-554-0027</td>
</tr>
<tr>
<td>Paramount</td>
<td>Commercial &amp; Medicaid Managed Care</td>
<td>Yes, only for NPs, but in all practice types (freestanding APN-owned and physician-owned)</td>
<td>Yes. NPs only.</td>
<td>Yes, at 100% of physician rates.</td>
<td>Trish Hensler (Mgr. of Provider Relations) can assist with cred. matters. Contract her at (419) 887-2828 or 1-800-891-2542. UPDATE: Paramount is now credentialing and contracting primary care NPs who are working in physician offices. Previously, they only recognized primary NPs in freestanding NP-owned practices.</td>
<td>419-887-2564 or 419-887-2845 Jody Forkapa, (does the initial credentialing) – 419-887-2851 Trish Henzler (Provider Relations Mgr.) – 419-887-2828</td>
<td><a href="http://www.paramounthealthcare.com">www.paramounthealthcare.com</a></td>
</tr>
<tr>
<td>SummaCare</td>
<td>Commercial</td>
<td>Yes.</td>
<td>Yes.</td>
<td>Yes.</td>
<td>All APNs are able to be directly credentialed and contracted, regardless of whether they are in a freestanding APN practice or a physician practice. Those APNs in a physician practice also have the ability to continue to bill under the physician if they choose not be directly contracted.</td>
<td>1-800-996-8400 or 1-800-996-8401 (Provider Support Services) or email <a href="mailto:contactproviderservices@summacare.com">contactproviderservices@summacare.com</a></td>
<td>1-800-996-8701</td>
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<tr>
<td>Unison Health Plan of Ohio</td>
<td>Medicaid Managed Care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Those APNs who are directly credentialed and contracted are also listed in the searchable, on-line directory.</td>
<td>1-800-600-9007</td>
<td>1-800-895-2017</td>
</tr>
<tr>
<td>United Health Care</td>
<td>Commercial</td>
<td>Yes, all APNs</td>
<td>Yes</td>
<td>Yes at 85%</td>
<td>Must confirm whether they are credentialing CNMs at this time.</td>
<td>1-877-842-3210</td>
<td>1-866-633-2446</td>
</tr>
<tr>
<td>WellCare of Ohio</td>
<td>Medicaid Managed Care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>1-800-951-7719 Karen Lamm (Provider Operations Coordinator) 216-901-4152</td>
<td>1-800-951-7719</td>
</tr>
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<tr>
<td>SUSAN BROWN</td>
<td>sbrown@hotmail</td>
<td>Certified Nurse Midwife</td>
<td>CIGNA will not reimburse nurse midwives for clinical care. I am told we cannot accept CIGNA patients because we will not be reimbursed.</td>
<td></td>
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<tr>
<td>Katherine Money</td>
<td>Internal Medicine Clinic</td>
<td>NP</td>
<td>They don't recognize me as a provider so I have to bill under the doctor.</td>
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<tr>
<td>Anastasia Williams</td>
<td>Integrative Medicine Carlton, OH</td>
<td>NP (Family Practice and Women’s Health)</td>
<td>We have been dealing with CIGNA for years. When I say years, I truly mean years. This NP owner/run practice opened from scratch in August 2007 and the CIGNA application was sent on 11/13/07. We were told that in order for a physician to be a CIGNA provider in OB that he must work at least 20 hours per week in the practice. The physician does not work 20 hours in the practice, but CIGNA credentialed him. Now the issue of credentialing the NP, who is full time at the practice, continues and she cannot be credentialed. Per CIGNA, only NPs who do not have physicians in the practice at all can be credentialed. If there are physicians within the practice structure, they must have separate TIN. So here we have an NP owned and run practice that has an MD in the office minimal hours (10-15), and the NP (who is full time) cannot be credentialed. I have had numerous telephone conversations with CIGNA. After being told by CIGNA that the NP could be credentialed due to the very unique scenario of this practice, we receive this message from CIGNA: “CIGNA does not currently credential midlevel practitioners unless they belong to a group that is strictly NP's and have a separate TIN from any physician.”</td>
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| Paulette Swazy,   | Nurse Midwives                                    | Full scope certified nurse midwifery service | 10/7/10 - Cigna has refused to place our practice in their account for payment. We have been in practice 8 years and this is the only insurance in Cleveland that we aren't on at this time.  
1/12/09 - The Midwives in Cleveland are unable to be credentialed with Cigna. Cigna stated they don't credential APNs. They have tried several times. This is the only private insurance in the Cincinnati area that doesn't credential their practice.  
8 CNM doing women’s health, prenatal care, and deliveries at Mother Hospital in Cleveland. Each week, this practice needs to turn away numerous patients covered by Cigna. They have been refused an application with the Cigna representative stating that midwives are not credentialed by Cigna. |
<p>| Director          | Cleveland, OH 44529                               |                                           |                                                                                                                                       |
|                   | <a href="mailto:Pauletteswazy@midwives.com">Pauletteswazy@midwives.com</a>                         |                                           |                                                                                                                                       |
| Lisa Midwife      | Women’s Health Specialist and Midwives: Happy Street, Sad, Ohio 45377 | Certified Nurse Midwife                  | Cigna refuses to credential certified nurse midwives and will not reimburse the practice at all if services are billed under a midwife. |
|                   | Practice Manager - Linda                          |                                           |                                                                                                                                       |
|                   | PH: 440-890-6644 Fax: 440-890-1726                |                                           |                                                                                                                                       |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td>Barbara Hardly</td>
<td>Barbara A. Hoffman, MSN, CNP</td>
<td>NP (college health clinic)</td>
<td>This is what I received from our billing department:</td>
</tr>
<tr>
<td></td>
<td>Associate Director of Clinical &amp;</td>
<td></td>
<td>Unfortunately, we cannot send insurance billing to Cigna under a Nurse Practitioner's name or our claim is denied because Cigna does not recognize Nurse Practitioners as billable providers. There are only a few companies who will deny the claims for that reason. Let me know if you have further questions.</td>
</tr>
<tr>
<td></td>
<td>Educational Services</td>
<td></td>
<td>We have 3 Adult Health Nurse Practitioners and we have one women’s health nurse practitioner for a college health population. Their NPs bill under one of the clinic’s Dr.’s name. Only 3 insurance companies (Cigna, Humana, and TriCare) won’t allow NPs to bill directly. All other payors of which they are aware are allowing NPs to be directly credentialed, contracted, and reimbursed.</td>
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<td>Happy State Student Health Service</td>
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<td>Happy State University</td>
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<td>Room 170 Health Center</td>
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<td>Ohio</td>
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<td></td>
<td>Phone 216-372-2120</td>
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<td>Fax 216-372-8010</td>
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<tr>
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<td><a href="mailto:Bhardly@happystate.edu">Bhardly@happystate.edu</a></td>
<td></td>
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<tr>
<td>Linda Swing</td>
<td><a href="mailto:Linda.Swing@gmail.com">Linda.Swing@gmail.com</a></td>
<td>NP (cardiovascular)</td>
<td>CIGNA refuses to credential me at all. Dr. Wonderful is my collaborator. I practice in a physician practice. It is important that I be credentialed, so I can see these patients and bill for them directly.</td>
</tr>
<tr>
<td>Amy Sad</td>
<td><a href="mailto:ASad@aol.com">ASad@aol.com</a></td>
<td>NP</td>
<td>1/12/09 - Cigna will not credential her and her services must be billed under the physician.</td>
</tr>
<tr>
<td></td>
<td>Cell: 440-715-9762</td>
<td></td>
<td><strong>UPDATE – 10/7/10:</strong> This statement is still accurate. Cigna is one of the two payors that follow this policy.</td>
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<td>Work: 440-489-1454, X. 3507</td>
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<td></td>
<td>Name of Practice:</td>
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<td>Pulmonology &amp; Critical Care Physicians Inc.</td>
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<tr>
<td>Colleen Brave</td>
<td><a href="mailto:cbrave@hotmail.com">cbrave@hotmail.com</a></td>
<td>Midwife (No physician on-site)</td>
<td><strong>UPDATE 10/11/10</strong> – No change.</td>
</tr>
<tr>
<td></td>
<td>Currently employed St. Horvath as of May 1, 2009</td>
<td></td>
<td>1/12/09 - As a CNM that has been self employed and is now currently employed with the another hospital she does not take Cigna patients. Cigna</td>
</tr>
<tr>
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<tr>
<td>Judy Ring</td>
<td>J Center for Autism Spectrum Disorders Division of Developmental and Behavioral Pediatrics</td>
<td>Pediatric NP</td>
<td>UPDATE 10/11/10 - Nurse Practitioner visits are <strong>not</strong> being covered by Cigna at this time.</td>
</tr>
</tbody>
</table>
| Nancy Johns   | Home address: 5900 Waffle Road Mindless, OH 41105  
              rridge@gmail.com |                                        | 1/12/09 – Cigna does not cover follow-up visits to their medical clinics at Children's Hospital.                                                                                                       |
| Robin Ridge   | Home address: 5900 Waffle Road Mindless, OH 41105  
              rridge@gmail.com |                                        | **UPDATE 10/11/10** – No change.                                                                                                                   |
|               | Phone: 216-683-1707  
              Practice information:  
              Certified Family Nurse Practitioner  
              Deadly Hospital Medical Associates | (Part of a physician/hospital practice) | 1/13/09 – She attempted to become credentialed as a PCP with Cigna in February 2008. She was told at that time that Cigna was not credentialing nurse practitioners in physician practices, and that she needed to bill any patient visits under my collaborating physician’s billing number. |
              Practice information:  
              Certified Family Nurse Practitioner  
              Deadly Hospital Medical Associates | (Part of a physician/hospital practice) | **UPDATE 10/11/10** – No change.                                                                                                                   |
|               |                                                                              | (Part of a physician/hospital practice) | 1/13/09 – Cigna refuses to reimburse for her services.                                                                                     |

Cigna has refused to credential her as an independent practice and refused to pay for her services.
<table>
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<tr>
<td>Cynthia Mulch</td>
<td>Health &amp; Wellness</td>
<td>Adult NP</td>
<td><strong>UPDATE 10/11/10</strong> – No change.</td>
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<td>1/14/09 – Cigna will not credential NPs, so NPs bill under the physician number. However, she is permitted to see any patient and be reimbursed at 100% so long as she bills under the physician number.</td>
</tr>
<tr>
<td>Suzanne Harris</td>
<td>Columbus, OH 43235 Phone: 4144-431-1767 <a href="mailto:susznznneharris@gmail.com">susznznneharris@gmail.com</a> Name of practice: Suzanne Hasbrouck d/b/a Private Counseling Services</td>
<td>Psychiatric Clinical Nurse Specialist (independent APN practice)</td>
<td><strong>UPDATE 10/11/10</strong> – Matter resolved. Suzanne has been credentialed and contracted.</td>
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<td>1/17/09 – She has been denied acceptance to the Cigna network. The Cigna representative told her that the network is full. This is difficult to believe, because people in Columbus and the surrounding area have an extremely difficult time finding a psych provider that can manage their drugs.</td>
</tr>
<tr>
<td>Cheryl Happy</td>
<td>Ohio Primary Care</td>
<td>Family NP</td>
<td><strong>UPDATE 10/11/10</strong> - There are days in our practice in which all of the physicians are working off site at satellite offices or away on vacation/conference. I am in the office as the only provider and see patients independently. Those with Cigna insurance on the days when I am the only provider have to be screened out of the patients scheduled to see me that day. In our practice I see everyone's pt whether internal medicine or endocrinology. The physicians generally do not see other physician's pts within the practice as their schedules are usually very full, so if a Cigna patient is added emergently to my schedule, whether for insulin pump adjustment or need for bp medication or depression medication assessment, they cannot be seen but must go to an urgent care or ER care, a somewhat more expensive option. In addition, most ER/UC staff are not experienced with insulin pumps, pregnant type 1 diabetics, U-500 insulin, etc. as this is very specialized.</td>
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<td>Karen Magic</td>
<td><a href="mailto:kmagic@metropark.com">kmagic@metropark.com</a></td>
<td>NP</td>
<td>1/20/09 – She works for a practice that is a large network of physicians throughout central Ohio. According to Nancy, our billing and coding contact for the practice, Cigna does not credential nurse practitioners, but instructs them to bill everything as “incident to” the physicians. The plus side of this is that they can see new patients, new problems, as well as established problems. However, they cannot be credentialed through Cigna as providers.</td>
</tr>
<tr>
<td>Chris Schiemann</td>
<td><a href="mailto:capalover@yahoo.com">capalover@yahoo.com</a></td>
<td>Champaign County</td>
<td>4/15/08 – Her patient tried to schedule a follow-up visit with her, but was informed that Cigna will not authorize CNP visits.</td>
</tr>
<tr>
<td>Always Kennedy</td>
<td><a href="mailto:Always.Kennedy@gmail.com">Always.Kennedy@gmail.com</a></td>
<td>Pediatric NP</td>
<td>6/17/08 – Called Cigna and was told they are “closed to all of Ohio” and do not credential NPs.</td>
</tr>
<tr>
<td>Jodi Finer</td>
<td>Phone: 216-984-4800 and 2626 Always Avenue Callous, OH 45229</td>
<td>CNP Dermatology (physician practice)</td>
<td>10/10/10 UPDATE: No change 1/12/09 - She works at Brown Children's Hospital Medical Center, and is not able to see CIGNA patients because they refuse to credential and reimburse for NP visits. This affects patients’ access to care because there are 4 NPs in the clinic where she works and only one MD.</td>
</tr>
<tr>
<td>Laurie Mandolin</td>
<td>Healthcare, Inc. <a href="mailto:Healthcareinc.@gmail.com">Healthcareinc.@gmail.com</a></td>
<td>CNP (independent practice)</td>
<td>1/12/09 – Unable to be credentialed with Cigna.</td>
</tr>
<tr>
<td>APN Name</td>
<td>Contact Info.</td>
<td>Type of Provider</td>
<td>Comments</td>
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<tr>
<td>Akron Hospital</td>
<td>Fax: 446-291-9861 Catherine Apple</td>
<td>NPs</td>
<td>1/12/09 – Cigna does not accept NPs in their contract at Akron Hospital.</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:capple@akron.org">capple@akron.org</a></td>
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<tr>
<td>Debra Hour</td>
<td>Primary Health Care Assoc. Cleveland, OH 44504 216-744-0221 <a href="mailto:dhour@aol.com">dhour@aol.com</a></td>
<td>NP</td>
<td>1/24/09 – She works at an internal medicine practice in Cleveland, Ohio. She has a relative of a patient who would like to start coming to me, but her insurance, Cigna, has told her and the potential patient that they do not credential NPs. The potential patient is very upset by this, but she has tried to do what she can and cannot get Cigna to budge. The plan is apparently “POS,” and the physician she works with is trying to get credentialed, but the person wants to see her.</td>
</tr>
</tbody>
</table>