



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES			
SUBJECT: Non-Physician Medical Practitioners - Supervision by Physicians		POLICY #: 4.04-P	
DEPARTMENT: Provider Relations			
Effective Date: 08/1997	Review/Revised Date: 04/02/2018	DMHC	PAC
		DHCS	QI/UM COMMITTEE
		BOD	FINANCE COMMITTEE

 Douglas A. Hayward
 Chief Executive Officer

Date 4/2/18

 Chief Medical Officer

Date 4/2/18

 Chief Operating Officer

Date 3/21/18

 Administrative Director of Health Services

Date 3/21/18

 Director of Provider Relations

Date 3/20/18

POLICY:
 Kern Health Systems (KHS) will encourage the use of non-physician medical practitioners (NPMP), also referred to as mid-level providers, with the intent of increasing member access to medical care and thereby improving patient outcome. All mid-level providers must have an established supervisory relationship with a contracted physician provider, and the supervising physician must follow the standards and guidelines set forth in Title 22 of the California Code of Regulations for Health Services (Nurse Practitioners/Nurse Mid-Wives), Title 16 California Code of Regulations Section 1399.540 & 1399.545 (Physician Assistants), as well as standards set forth by KHS. All mid-level providers must meet credentialing standards set by KHS.

DEFINITIONS:

SP	Standardized Procedure Guidelines
DMS	Delegation of Medical Services Agreement/Guidelines

PROCEDURES:

1.0 TYPES OF MID-LEVEL PRACTITIONERS

The terms non-physician medical practitioner and mid-level practitioner refer to the following categories of licensed medical providers:

- A. Nurse Practitioners licensed by the Board of Registered Nursing (BRN)
- B. Certified Nurse Midwife licensed by BRN
- C. Physician Assistant licensed by the Physician Assistant Board of California.

2.0 SCOPE OF MID-LEVEL PRACTITIONERS

KHS Plan members either select or are randomly assigned to a contracted primary care provider (PCP). The PCP may choose to arrange with a mid-level provider to provide primary care to assigned members but must provide active supervision of the care delivered. A Supervising Physician does not need to be present during simple procedures; however, if the Mid-level is performing a complete procedure that requires informed consent, the Supervising Physician must be immediately available to deal with any emergency complication that may occur. Immediately available is defined as being in the same building/office at the time the procedure is being performed and not to imply available by electronic means.

A current specialty provider may employ a mid-level provider and may permit this provider to participate in the care delivered to members in accordance with the Standardized Procedure Guidelines, Delegation of Medical Services Agreement, and KHS. Mid-levels will be credentialed in the specific specialty in which they will be working. The credentialing will be dependent on their training and experience in the field in which the mid-level is requesting to be credentialed.¹ Mid-levels practicing in a specialty setting may perform an initial evaluation of the patient as long as there are no significant clinical decisions or recommendations (i.e. surgery, admission, etc.) that are made as a result of the initial evaluation, and the supervising physician's attestation in the clinical note indicates physician and mid-level have discussed and are in agreement with the treatment plan. The specialty physician must regularly monitor the patient's progress if follow-up care is provided by a mid-level practitioner, and see the patient at least every third visit. All communication between the specialty physician and the referring physician must be written or directly communicated by the specialty physician.

Nurse Practitioners with a furnishing license may furnish drugs. Physician Assistants may only transmit prescriptions or issue a drug order pursuant to the guidelines in California Business and Professions Code, Section 3502.1.

3.0 KHS APPROVAL OF MID-LEVEL PRACTITIONERS

All mid-level practitioners must meet the credentialing standards set forth in the KHS credentialing policy and procedure, 4.01 and they must subsequently be approved by the Physician Advisory Committee as well as the Board of Directors.

All mid-level practitioners and their supervising physician must submit to KHS for review and approval the following:

- A. Provider Information Letter at initial, recredentialing & if there are any changes in their supervising physician (See Attachment A)

3.1 Physician Supervisor to Non-Physician Medical Practitioner Ratios

KHS shall ensure compliance with Title 22 CCR Section 54241 and that FTE physician supervisor to non-physician medical practitioner ratios shall not exceed the ratios as outlined in KHS contract with DHCS.

3.2 Physician – Practitioner Interface

Each Physician- must attest to meeting the requirements as specified in the California Code of Regulations. (Title 16, Section 1470 for nurse practitioners and nurse midwives and Title 16, Section 1399 for physician assistants.)

It is the responsibility of the supervising physician. to comply with all applicable state and federal laws, regulations, standards that govern supervision of any and all activities related to non-physician medical practitioners; attest to having provided the legally required collaboration, consultation, and supervision consistent their physician licensure; and agree to be available to the non-physician medical practitioner in person, or through electronic means to provide supervision to the extent required by California professional licensing laws, necessary instruction in patient management, consultation and referral to appropriate care/services by specialist physicians or other licensed health care professionals, as may be required. The Practitioner Interface must be readily available at the provider site or upon request for review by KHS or DHCS.

4.0 NOTIFICATION OF CHANGES/ADDITIONS IN MID-LEVEL STAFF

KHS requires physicians or groups to report and submit required information to KHS on all non-physician practitioners as part of the initial or on-going credentialing process. It is the responsibility of the contracting physician to notify KHS of changes or additions to their non-physician medical practitioners.

5.0 MONITORING

During the recredentialing process, KHS Provider Relations Department ensures a current Provider Information Letter is on file and ensures that a site review has been conducted within the past three years if site review is applicable per KHS policy 2.22-P.

KHS Quality Improvement Department utilizes the site review tool to review the following items:

- A. Number of mid-level practitioners associated with the practice
- B. Sample chart review for quality review for the following:

- (i) Adequate H&P
- (ii) Completeness of tests and referrals
- (iii) Review established preventative care guidelines

6.0 NON-COMPLIANCE WITH STANDARDS AND REGULATIONS

KHS contracting physicians, who are identified as non-compliant with KHS standards or state guidelines, receive notification from the KHS Associate Medical Director regarding clinical issues or from KHS Provider Relations regarding mid-level practitioner ratios or caseloads. Non-compliant physicians are subject to KHS Policy and Procedure #2.04 - Provider Disciplinary Action.

ATTACHMENTS:

- ❖ Attachment A - *Provider Information Letter to Report Non-Physician Medical Practitioner*

REFERENCE:

Revision 2018-03: Policy revised to bring language current with DHCS Contract requirements. **Revision 2017-10:** Revise policy to be in compliance with CCR Title 22 51240 NP/CNM, Title 16, 1399 for PAs. Remove requirements for Supervising Physician 30-mile radius, Mid-levels in a hospital setting, Updated site review criteria referencing policy 2.22 and QI's current process. Annual receipt of provider information letter and only require at initial, rec credentialing or when changes are made. Remove requirement of monitoring physician interface and replace with supervising physician attestation on the revised Attachment A-Provider Information Letter. **Revision 2017-01:** 2016-12 Reviewed by Provider Relations Manager. Removed section 3.2 as no longer applicable. **Revision 2012-10:** Added language to allow mid-levels perform initial consults in a specialty setting. **Revision 2011-03:** Mid-Levels will be credentialed in the specialty they will be working and dependent on their training and experience in that field. Specific language added for orthopedics. **Revision 2009-11:** Revisions provided by Director of Claims and Provider Relations. **Revision 2005-09:** Revised per DHS Comment 7/12/05 for Workplan Item 6c. **Revision 2002-08:** Revised per DHS Comment (04/05/02). **Revision 2002-00A:** Revised per Medical Director request and DHS comment (10/31/01). **Revision 2001-02:** changes made as a result of DHS/DMHC Medical Review Audit (YE 08/31/00). **Revision 2000-10:** Routine review.

¹Mid-level training is variable. Not only are there differences between Nurse Practitioners and Physician Assistants, but there are significant differences between the programs themselves. In addition, some mid-levels go on to receive formal "specialty" training in areas like OB, peds, surgery, ortho, oncology, etc.. KHS will require either 6 months formal training in a program or one year of full time experience in the field which credentialing is requested.

**PROVIDER INFORMATION LETTER
(NON-PHYSICIAN MEDICAL PRACTITIONERS)**

Complete and return to: Kern Health Systems
Attention: Credentialing
9700 Stockdale Highway
Bakersfield, CA 93311

Supervising Physician Information

Name: _____ Group Name: _____
State License No.: _____ NPI: _____
Type of Practice: _____ Provider Specialty: _____
Address: _____ City: _____ Zip: _____

Non-Physician Medical Practitioner Information

Name: _____ License No.: _____
Address: _____ City: _____ Zip: _____
Classification: NP PA Mid Wife
Primary Type of Service: Family/General Practice OB/GYN Internal Medicine Pediatrics
 Other: _____
Max. Hours/week: _____

Physician Assistant: I attest that my office/clinic is in possession of a written delegation of medical services and written supervisory guidelines, as required by Section 1399.540 and Section 1399.545(e), Title 16, California Code of Regulations, and are readily available for review upon request.

Nurse Practitioners/CNM: I attest that my office/clinic is in possession of standardized procedures, as required by Title 16, Article 7, Division 14, California Code of Regulations, commencing with Section 1470, and are readily available for review upon request.

NOTE: A Provider Information Letter for each separate billing location in which you will provide supervision for the named Non-Physician Medical Practitioner must be submitted. Any changes to the information given above must be reported to the Provider Relations Department within 30 days of the effective date of the change.

I agree to comply with all applicable state and federal laws, regulations, standards that govern supervision of any and all activities related to non-physician medical practitioners. I further attest to have provided the legally required collaboration, consultation, and supervision consistent with my licensure; and agree to be available to the non-physician medical practitioner in person, or through electronic means to provide supervision to the extent required by California professional licensing laws, necessary instruction in patient management, consultation and referral to appropriate care/services by specialist physicians or other licensed health care professionals, as may be required.

Signature of Supervising Physician _____

Date _____