**A QUICK OVERVIEW OF HOW TO NAVIGATE THE MEDICARE PART B,**

**NURSING and ALLIED HEALTH EDUCATION REIMBURSEMENT**

**FOR ACPE ACCREDITED CPE PROGRAMS**

**Requirements for CPE Programs – CMS**

1. **To be eligible for reimbursement, *programs* must be:**
2. An approved educational activity as defined by Health Care Financing Administration (HCFA) regulations
3. If it’s a non-provider-operated program, it must meet specific HCFA criteria in order for providers to claim eligibility
4. **To be eligible for reimbursement for nursing and allied health education programs, *providers* (acute care hospitals) must:**
5. Directly incur the training costs
6. Directly control the program’s curriculum
7. Control the administration of the program, including collection of tuition
8. Employ the teaching staff
9. Provide and control both classroom instruction and clinical training

**Implementing CMS Requirements – Key Elements**

* To be in compliance with CMS regulations and to maximize the educational reimbursement for each entity-based CPE Program, **it is necessary to establish a *CPE Cost Center* therein.**
* This requires making sure that all income and costs related to the CPE Program are captured in that cost center, including endowment monies, tuition, contracts, salaries, stipends, supplies, training materials, etc.
* We must establish and maintain ***clear lines of accountability***regarding reporting for the Certified Educator at each entity. The organizational chart must reflect the way the CPE Program is “owned” by the entity.
* A part of the organizational chart should include the ***CPE Program’s Professional Advisory Group***, a representative group of individuals from both inside and outside the hospital who are invested in ensuring quality programming– another demonstration that the entity has ownership of the CPE Program.
* Equally important is the **creative collaboration with the *Entity-based HR departments*** in working with students. ACPE students often pose challenges for HR departments that are essentially designed to recruit nurses, doctors and support staff for acute care hospitals. That is particularly true for non-teaching hospitals. **We must help create a special process that honors and accommodates the integrity of the students’ educational experience.**
* Related to the establishment of a CPE Cost Center, is the importance of building **a strong working relationship with the *Finance officers*** *in each Entity*. Making sure they are aware of any changes in FTEs, any new costs to be incurred, and what plans there might be for the upcoming budget year is critical.
* And last, but not least, are ***the Reimbursement Officers*** who represent CPE and other allied health groups to the CMS auditors or Intermediaries. **This relationship needs to be well-defined as the materials needed for audit need to be created collaboratively and the specifics of the eligible costs for reimbursement need to be clearly communicated.** Ideally, there needs to be a joint continuous quality improvement project in place that annually reviews and updates potential sources of reimbursement for CPE and other allied health programs within the CMS Regulations for the host organization.

**What Reimbursement Officers Need from the CPE Program**

* Our Accreditation Certificates need to be on file and kept current.
* By virtue of the CPE Cost Center at each site, all direct costs must be captured and provided at Audit.
* The square footage at each CPE Center needs to be accurately identified and reported.
* Identify costs found in other Cost Centers that are directly tied to CPE Education. Remove any costs that are not related to CPE education activities.
* Quarterly Time Studies for everyone involved in the CPE training process, including their assigned areas and time spent there.
* Allocation of administrative overhead costs are added by the Reimbursement Officer(s) to the allowable reimbursable costs of the CPE Program. Track this with your Reimbursement Officer.

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