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Locum Tenens Hiring Delivers High Return On Investment

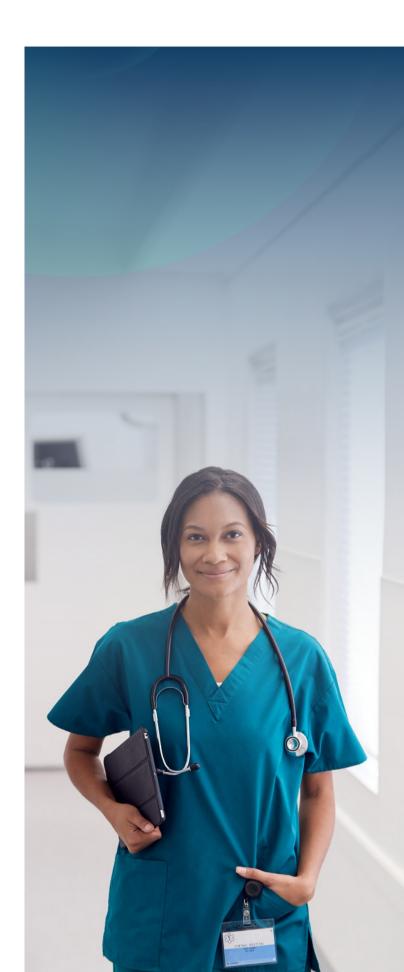
Locum tenens is a Latin phrase for "holding one's place", and it is a commonly used practice to fill the role of a full-time physician on a temporary basis. The demands of a continually growing patient population have created a large need for locum tenens providers in the healthcare workforce.

While at first glance, using locums coverage may not seem like the solution to a facility's problems, however, understanding the value a locums physician can bring to your organization will provide more insight into whether this method of hiring would be a good fit.

The Advantages

When you have provider vacancies within your organization, that usually means loss of revenue, angry patients dealing with appointment cancellations, longer waiting times, etc. This is where bringing in a locum tenens provider can help fill the gap and ensure there are no disruptions to patient care.

Another advantage of using locums providers is to increase patient volume. The profit a healthcare provider brings to an organization is dependent on the number of patients they are able to safely see each day. If your existing providers are already maxed out, you may need to devise a plan B for increasing volume. Some facilities in this situation are not always able to support another full-time, permanent provider while building patient load - this is where locum tenens providers can be a major asset.



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Locums providers can also reduce the hard costs associated with hiring full-time practitioners. Healthcare facilities do not have to pay for medical malpractice insurance for the locums providers that they hire. This means that in the off chance that the provider is sued for something while on the job, the facility will not have to incur the financial burden.

The Billing Process

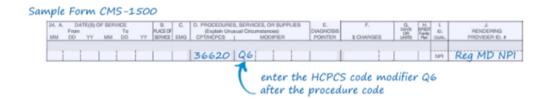
To take advantage of these benefits and get the maximum return on investment, it is important to understand the proper way to bill for locum tenens services. A facility's return on investment with a locums provider is contingent upon maintaining a revenue stream from reimbursements. The Centers for Medicare Claims Processing Manual provides the guidelines and appropriate practices for this type of billing.

In a typical locums scenario where a provider is "holding the place" of another, there are time limits involved with billing. The period for which a single locum tenens provider may substitute cannot be more than 60 continuous days. The 60-day period begins the first day the locums provider begins services for the Medicare patients of the permanent physician. The only exception to this rule is if the regular provider is called to active duty in the Armed Forces.

The facility will bill for the locum provider's services using the permanent physician's NPI number. The following conditions also need to be met:

- The permanent physician is absent for reasons such as illness, pregnancy, vacation, or continuing medical education and is unable to provide services
- The permanent physician pays the locums provider on a per diem or similar fee-for-time basis
- The permanent physician identifies the services as "substitute physician services" by entering HCPCS code modifer Q6 after the procedure code

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If a physician has left the practice, Medicare billing is permitted, but only for a period of 60 days. If the locums physician is providing services beyond what is described above, the facility would then need to use the locums provider's own numbers for billing purposes. Depending on how long a facility needs a locums provider, going through the Medicare enrollment process and bypassing the Q6 modifier may be the better decision in the long run.

Following The Rules

It is important to note that the billing rules covered above apply to Medicare *only*. When billing a commercial payer, like an insurance company, it is best if the facility contacts the payer directly to see if they have adopted the Medicare locum tenens rules. A commercial payer may require the locums provider to be credentialed and a retroactive billing process utilized, while others may allow for billing under the regular physician's NPI number, as described above.

If the facility finds that credentialing is necessary, it is best to prepare for it ahead of time. Since the process can take 30-60 days, facilities that plan ahead will likely receive the maximum return on investment. Working with a company like Curative to help streamline and manage the credentialing process can significantly improve the time-to-hire.

This form of Medicare billing as it relates to locum tenens services, is limited to physicians only. In the instance of using non-physician providers, facilities cannot use the Q6 modifier. If a facility is hiring a temporary replacement for a midlevel provider, that facility will need to enroll the new person with Medicare.

A mid-level provider can be any of the following: Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), Anesthesia Assistant (AA), Nurse Practitioner (NP), or Physician Assistant (PA).

Short-Term Fix, Long-Term Value

While billing for locum tenens services can sometimes be confusing, the value of providing continuous care to your patients is vital.

Are you and your team in need of locums providers? Curative can help. Email us at info@curativetalent.com or call 877-868-5350 to talk with one of our consultants. Let us help you find the perfect temporary addition to your healthcare team.

SOURCES:

nalto.org - "<u>Locum Tenens: A Smart Investment</u>" cms.org - "<u>Medicare Claims Processing Manual</u>" Curative Talent Page | 05

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