California Nurses Association Represented

Registered Nurse / Nurse Practitioner

Reimbursement for National Certification in a Clinical Specialty

Kaiser Permanente

Northern California

Revised 2/2/17

National Certification and Re-Certification Process for Reimbursement

RN/NP submits request to manager using "Application for Certification/Recertification"
(Located in this packet on page 3)

Important! In order to be reimbursed, you must apply before you obtain your certification or renewal!

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Manager reviews and confirms clinical relevance to:
- The area of specialty
- Enhancement of knowledge/skills
- Certification is from a recognized, reputable organization

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Manager pre-approves the certification and communicates approval to RN/NP;
RN/NP may proceed with certification process

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RN/NP completes all requirements with the certifying organization, including:
- Application to certifying organization
- Payment of fees
- Completion of any certification requirements

Many national certification preparation courses are available for free in HealthStream CE Library

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Upon successful completion of certification:
RN/NP provides their manager a copy of completion certificate and receipts for fees paid

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RN/NP:
Enters expenses into OneLink for reimbursement; submits a copy of receipts with expense report

Job aids for how to use OneLink are included in this packet starting on page 6

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Manager:
- Places copies in employee's personnel file
- Upload certificate into HealthStream
- Review expense request and approve if all required documents have been provided

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RN/NP receive reimbursement via OneLink payment process

KAISER PERMANENTE.

Application for RN/NP National Certification/Re-Certification Reimbursement

Initial National Certification or Recertification Reimbursement	
Submit request to manager prior to initiation of the certification process for approval.	

Date:	**Name:**
Facility:	**Department:**
Manager:	**GL string including Cost Center:**

Attach supporting information about the initial application and certification you are seeking in your area of clinical specialty. The informational documents need to support your manager's review and approval that the certification will enhance your knowledge/skills in providing expert patient care.

Name of Certification Applied for:	**Clinically relevant to RN clinical specialty?** ☐ **Yes** ☐ **No**

Anticipated Date of Examination:	**Offered by:**
Initial application fees: **Examination fees:** **Recertification fees:**	**Total fees to be paid:**

Manager: ☐ *Approval*   ☐ *Denial*
Reason for Denial:

Manager Signature:	**Date:**

Upon Successful completion of certification or recertification complete information below, provide copy of national certification certificate and copies of expenses for initial application and/or examination fees.

Successful Completion Date:

Employee Signature:	**Date:**
Manager Signature:	**Date:**

SUBMIT FOR REIMBURSEMENT: Attach this document along with your validation of paid fees to your expense report created in OneLink. For assistance with completing this expense report refer to the supporting job aides.

NOTE: Nurses and nurse practitioners are responsible for maintaining required certifications

General FAQ

1. **Who is eligible for a national certification reimbursement?**
   Registered Nurses (RN) and Nurse Practitioners (NP) represented by California Nurses Association (CNA).

2. **What National Certifications are reimbursable?**
   Nationally recognized certifications that are applicable to your current role at Kaiser Permanente. Examples include Certified Diabetic Educator, Certified Oncology Nurse, Certified Occupational Health Nurse Practitioner, Neonatal Intensive Care Nurse, Critical Care Registered Nurse (CCRN) and ANCC Board Certification in a specialty (RN-BC). There are many other certifications that may be applicable to your role. Discuss any potential certification with your manager if you are unsure if it meets the requirements of this program.

3. **What is reimbursable for a National Certifications?**
   The cost of a single certificate is reimbursable including, the initial application and exam fees, provided the following:
   a. The certification is clinically relevant to the nurse's area of clinical specialty and will enhance their knowledge base and skill in providing expert patient care
   b. The request is made in writing
   c. The certification is issued by a recognized reputable organization
   d. The nurse completes the course successfully

3. **What types of certifications are <u>not</u> reimbursable through this process?**
   - If a nurse applies for a new position in which a certification is required, it is the nurse's responsibility to pay for the required certifications. The cost for this certification is not reimbursable.
   - Nurses who accept new positions contingent upon certification are responsible for all fees and costs incurred for such certification. The cost of this certification is not reimbursable.

Reimbursement Process FAQ

1. **How does a nurse request reimbursement of a national certification?**
   The request for reimbursement must be made in writing, using the attached application and submitted to the manager prior to the certification being obtained.

2. **How far in advance should the nurse submit the reimbursement request form to their manager?**
   Prior to the initiation of the national certification process. Ideally, the nurse manager would be given sufficient time to evaluate the request and process the necessary paper work. Failure to do so may result in denial of application for reimbursement.

3. **When will the nurse know if the application for reimbursement is approved?**
   Once the application is reviewed and the requirements are met, the manager will sign the reimbursement application and notify the candidate of the approval.

4. **How does the nurse get reimbursed for a national certification?**
   Upon successful completion of the course, the nurse must provide a copy of the certificate and validation of fees paid to the manager. The nurse can then submit an expense report via OneLink. Reimbursement is made through payroll.

5. **What happens if the RN/NP does not pass the certification exam?**
   The RN/NP will not be reimbursed until they pass all requirements for certification outlined by the certifying organization.

6. **When can a request for reimbursement be denied?**
   Some scenarios that may lead to denial include:
   - The RN/NP is not a CNA represented staff member
   - The certification is not professionally relevant to their current role, does not enhance their current knowledge/skills, and/or is not from a reputable organization
   - Pre-approval for the certification was not obtained using the outlined process

7. **A RN/NP recently completed their certification without obtaining prior approval. Can the RN/NP still apply for reimbursement?**
   The RN/NP should discuss this with their manager to determine if they are eligible for reimbursement.

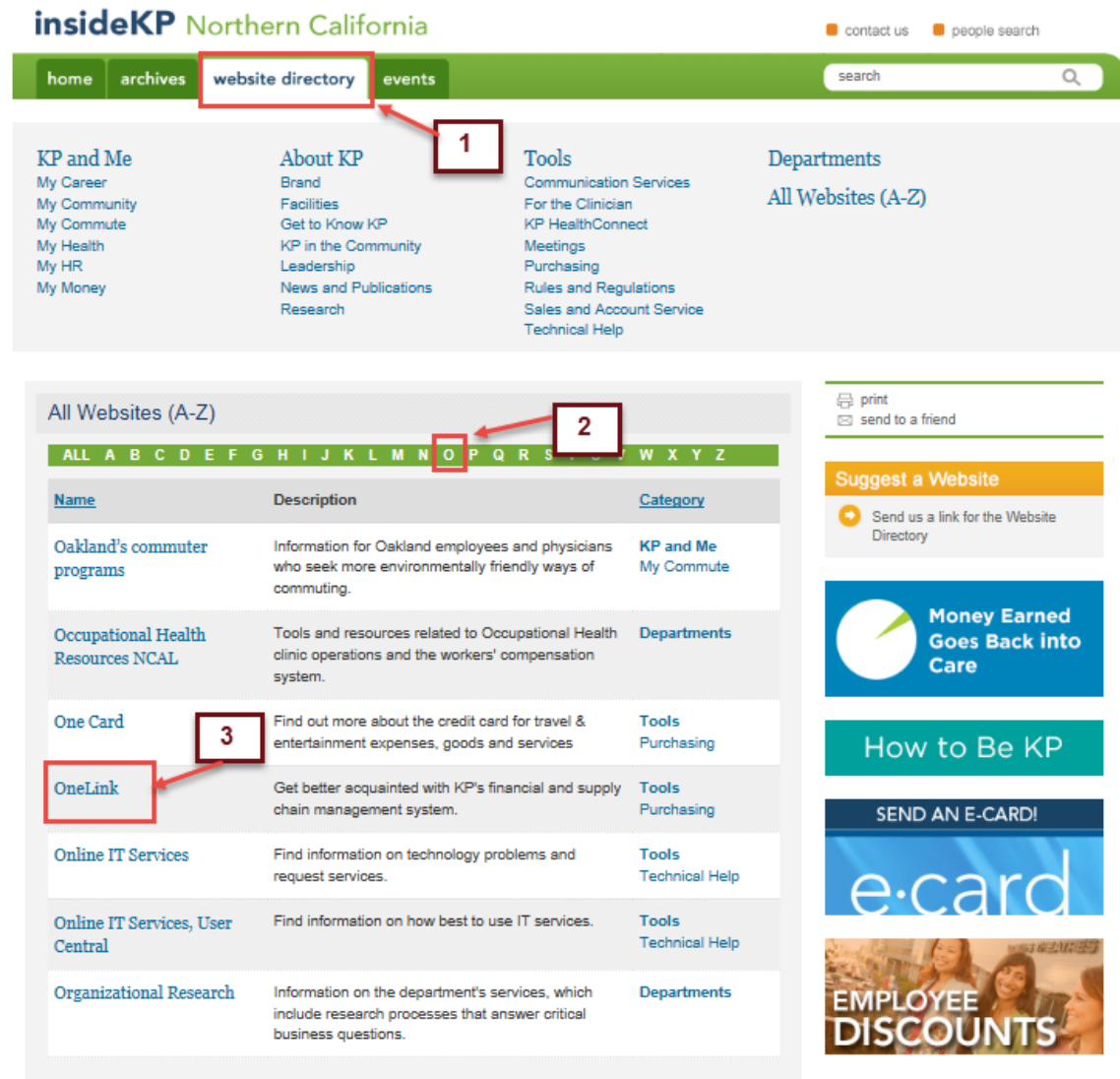8. **Can an application for reimbursement be denied due to budget limitations?**
   No, this program is a negotiated benefit for CNA represented nurses.

Open the NCAL Inside KP Webpage from a KP computer:

1) Click on the "Website Directory"
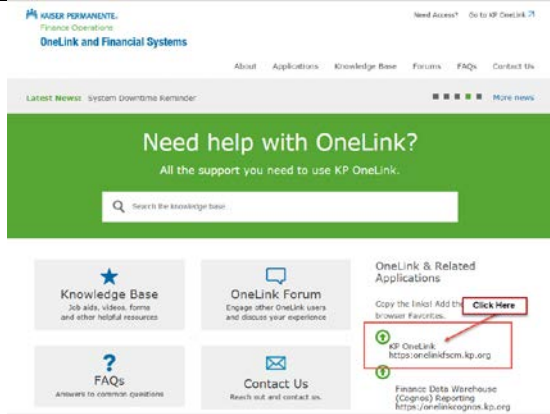2) Click on "O"
3) Click on the OneLink link.

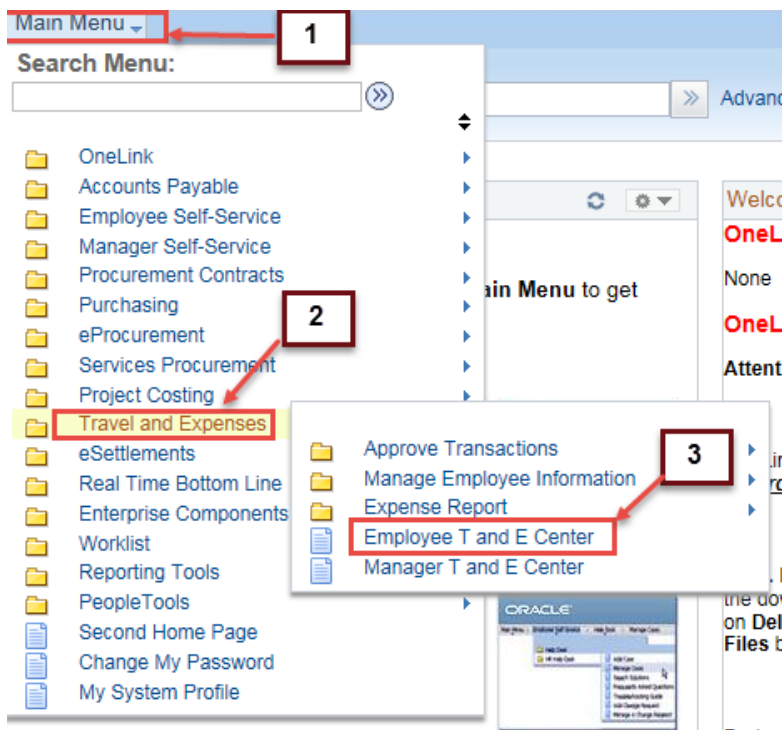*You will go through your "Single Sign On" portal (same as for My HR).*

Click on the OneLink hyperlink:	
1) **Click on the "Main Menu" tab** 2) **Click on Travel and Expenses** 3) **3) Click on employee T and E center**	

Click "Create/Modify"	Favorites ▾ Main Menu ▾ > Travel and Expenses
	
	OneLink All ▾ Search
	
	Employee T and E Center
	📁 **Employee T and E Center**
	Employee Travel and Expense Center
	📁 **Expense Reports**
	   Create, modify, print view or delete an Expense Report
	   ▤ Create/Modify ⬅
	   ▤ Print
	   ▤ View
	   ▤ Delete

If it is not already prepopulated, enter your NUID and search, then select your name. Click "Add".	Favorites ▾ Main Menu ▾ > Employee Self-Service ▾ > Travel and Expenses ▾ > Expense Reports ▾ > Create/Modify **OneLink** All ▾ Search » Advanced Search **Expense Report** [Find an Existing Value] [Add a New Value] Empl ID: Q123456 x 🔍 [Add] Find an Existing Value	Add a New Value
You will now begin to create your expense report. **Under Business Purpose, select "General Reimbursement" from the drop down menu.**	Favorites ▾ Main Menu ▾ > Employee Self-Service ▾ > Travel and Expenses ▾ > Expense F **OneLink** All ▾ Search » Advanced Se **Create Expense Report** Your name will show here Select "General Expense Reimbursement" *Business Purpose General Expense Reimbursement ▾ Default Location *Report Description [ ] Reference [ ] 🔍 **Expenses** ⑦

You will now enter your date of certification examination, and the amount you paid for the examination or your application fees.
 	
Under Expenses, enter the date of the examination, and then for "Expense Type", select "Non-MD Certification Fees" from the drop down list.
	Create Expense Report
	Caroline R
	Waters ⑦
	
	*Business Purpose General Expense Reimbursement ▾ Default
	*Report Description [ ] Location [ ]
	          Reference [ ] 🔍
	Expenses ⑦
	
	Expand All | Collapse All Add: | 📖 My Wallet (0) | ⚡ Quick-Fill
	
	*Date *Expense Type *Payment Ty
	[ ]📅 EmpDev Non-Mgr Training Out of Pock
	                EmpDev Union Emp Training
	                EmpDev-Mgmt Training
	                Employee Prof Lic & Fees
	                Employee Recruiting
	Expand All | Collapse All Entmt Breakfast
	                Entmt Dinner
	                Entmt Lunch
	                Expendable Equipment
	                Gift Condolences
	                Gift Retirement Award
	                Gifts Employee
	                Gifts Non Employee
	                Ground Transportation
	                Group Breakfast
	                Group Dinner
	                Group Lunch
	                Laboratory Supplies
	                Meals (Please Recategorize)
	                Memberships/Dues
	                Mileage
	                Mobile/Cellular/Pager
	                Non-MD Certification Fees
	                NonAllowableExpenses
	                O/S Purchases Srvc- Dental

It will look like this:	**Expenses** ⑦ Expand All | Collapse All Add: | 📖 My Wallet (0) | ⚡ Quick-Fill *Date *Expense Type *Payment Type *Amount *Currency ▾ 10/24/2016 📅 Non-MD Certification Fees ▾ Out of Pocket Expenses 0.00 USD

Select Non-Preferred for the merchant.
 	
Next- Click on the Magnifying glass by the Location field to search for the code for your location:
	Expenses ⑦
	
	Expand All | Collapse All Add: | 🖥 My Wallet (0) | ⚡ Quick-Fill
	
	          *Date *Expense Type *P
	▼ 10/24/2016 🗓 Non-MD Certification Fees ⌄ C
	
	   **Location [_____] 🔍
	   *Merchant ○ Preferred ⦿ Non-Preferred
	   [_____]

Enter in CA and then the first letter of your facility city. Locate the city on the list, and click on it. (In this example, to find San Francisco, enter CAS, then locate San Francisco and select)	Look Up ✕
	                 Help
	SetID: SHARE
	Expense Location: begins with ⌄ (CAS) Enter CA
	*Location: begins with ⌄ and then
	                     first letter of
	Look Up Clear Cancel Basic L your facility
	
	Search Results
	View 100 First ◀ 1-133 of 133 ▶ L
	Expense *Location
	Location
	CASAA SANTA ANA, CA
	CASAC SACRAMENTO, CA
	CASAE SALTDALE, CA
	CASAH SANTA ANA HEIGHTS, CA
	CASAJ SAINT HELENA, CA
	CASAL SALYER, CA
	CASAM SAMOA, CA
	CASAN SANTEE, CA Click on
	CASAO SAN CARLOS, CA the
	CASAR SARATOGA, CA name of
	CASAT SATICOY, CA your
	CASAU SAUSALITO, CA facility
	CASAW SAWYERS BAR, CA location
	CASBN SEAL BEACH NWS, CA
	CASBR SAN BERNARDINO, CA
	CASBU SAN BRUNO, CA
	CASCL SANTA CLARA, CA
	CASCN SAN CLEMENTE, CA
	CASCO SCOTLAND, CA
	CASCR SUNCREST, CA
	CASCT SCOTIA, CA
	CASDF SAN FERNANDO, CA
	CASDI SAN DIEGO, CA
	CASDM SAN DIMAS, CA
	CASDP SOUTH DOS PALOS, CA
	CASEA SEASIDE, CA
	CASEB SEBASTOPOL, CA
	CASED SEDCO HILLS, CA
	CASEE SEELEY, CA
	CASEL SELBY, CA
	CASES SESPE, CA
	CASFR SAN FRANCISCO, CA

Make sure your location displays correctly, then enter the amount you are submitting for reimbursement. In the "Business Purpose' area, note this is for certification application fee and/or examination cost reimbursement.	
If you have a second expense receipt for reimbursement, click the + to add a line and follow the previous instructions.	

Once you are done with the form, click Summary and Submit in upper right corner.

Message will pop-up to confirm your manager / approver name. Select "OK" to continue.

Message

Warning -- This report will be routed to _____ for FDA approval.

If this is not the correct approver please select a different approver. Hit OK to continue or Cancel to select a different approver.

OK   Cancel

Print the displayed cover sheet by clicking the link.

Fax the printed cover sheet and your expense receipt(s) to the number listed on the cover sheet.

1122334455

1. MAKE SURE THIS COVERSHEET IS THE FIRST PAGE ON YOUR FAX TRANSMISSION.
2. Print Transmittal page using a Black and White laser printer to avoid any delay in faxes attaching to the expense reports.
3. Small receipts may be assembled into a single page for faxing purposes.
4. Fax to the number listed below.
5. To print this report, click this link and use your browser's print feature.

Expense Report   1122334455

Description _____

Bus Purpose   General Expense Reimbursement

Empl ID _____

Report Status   Pending Sub

Return to the report, and click "Submit Expense Report"	Favorites ▾ Main Menu ▾ › Employee Self-Service ▾ › Travel and Expenses ▾ › Expense Reports **OneLink** All ▾ Search ›› Advanced Search Modify Expense Report *Business Purpose General Expense Reimbursement ▾ Report 00 *Description Nurse Cert Fee Reimbursement Created Reference Last Updated **Totals** ? 🖨 View Printable Version 📊 View Analytics Employee Expenses (10 Lines) USD Non-Reimbursable Expenses Cash Advances Applied 0.00 USD Prepaid Expenses **Amount Due to Employee** USD ☑ I certify by submission of this form that the items included are reasonable, true and accurate and reimburse ensure a Pre-Travel Authorization form is attached to your expense report. By checking this box, I certify the expenses submitted are accurate and comply with expense policy. Submit Expense Report ←
Review your confirmation, and click "OK". **That's it- you've submitted your request!**	Expense Report Submit Confirm Expense Report Save Confirmation **Totals** ? Employee Expenses (10 Lines) USD Non-Reimbursable Expenses Cash Advances Applied 0.00 USD Prepaid Expenses **Amount Due to Employee** USD Amoun OK Cancel ←

Faxing or Emailing Receipts for an Expense Report

1. Once you have clicked on **Save For Later**

2. After clicking on the **Save for Later** button at the bottom of the main screen, a **Report ID** is automatically assigned to the expense report making receipt attachment possible.

3. To **attach your receipts** to this Expense Report there are **two** choices: **Fax or Email**.

To fax your receipts, click the **Fax Receipts** link at the top of the screen.

Print the fax cover sheet with the **barcode.** ==**You must include this and only this Fax Coversheet, NOT the Kaiser Permanente coversheet, and it must precede all receipts or other pages!**==

Then, fax to the phone number on the coversheet.

If your receipts are smaller than 8.5 x 11", tape them to a blank sheet.

Please note: If you do not use the OneLink Fax coversheet as the first page of your fax, none of the faxed documents will be attached to the expense report, resulting in delayed payment. Note: the barcode man not be covered in any way.

If you prefer to **email your receipts**, scan them and save them on your computer. Click on the ==Email Receipts== link at the top of the screen.

This will launch your email and insert the OneLink Expense email address and **Report ID**into the subject line. **Do not change the Subject or To** fields.

Next, **attach your receipts** to the email by clicking anywhere in the body of the email first, then clicking the **paperclip** icon, locating your receipt file on your computer and attaching. Then, click the **Send** button.

If you have completed your Expense Report, you can Save and Submit.