

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!

Manager reviews and confirms clinical relevance to:

- The area of specialty
- Enhancement of knowledge/skills
- Certification is from a recognized, reputable organization

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

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

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

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

Manager:

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

RN/NP receive reimbursement via OneLink payment process

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

Initial National Certification or Recertification Reimbursement <i>Submit request to manager prior to initiation of the certification process for approval.</i>	
Date:	Name:
Facility:	Department:
Manager:	GL string including Cost Center:
<i>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.</i>	
Name of Certification Applied for:	Clinically relevant to RN clinical specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Date of Examination:	Offered by:
Initial application fees: Examination fees: Recertification fees:	Total fees to be paid:
Manager: <input type="checkbox"/> <i>Approval</i> <input type="checkbox"/> <i>Denial</i> Reason for Denial:	
Manager Signature:	Date:
<i>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.</i>	
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.	

Reimbursement for National Certifications in a Clinical Specialty
Frequently Asked Questions
January 31st, 2017

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 not 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.

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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?

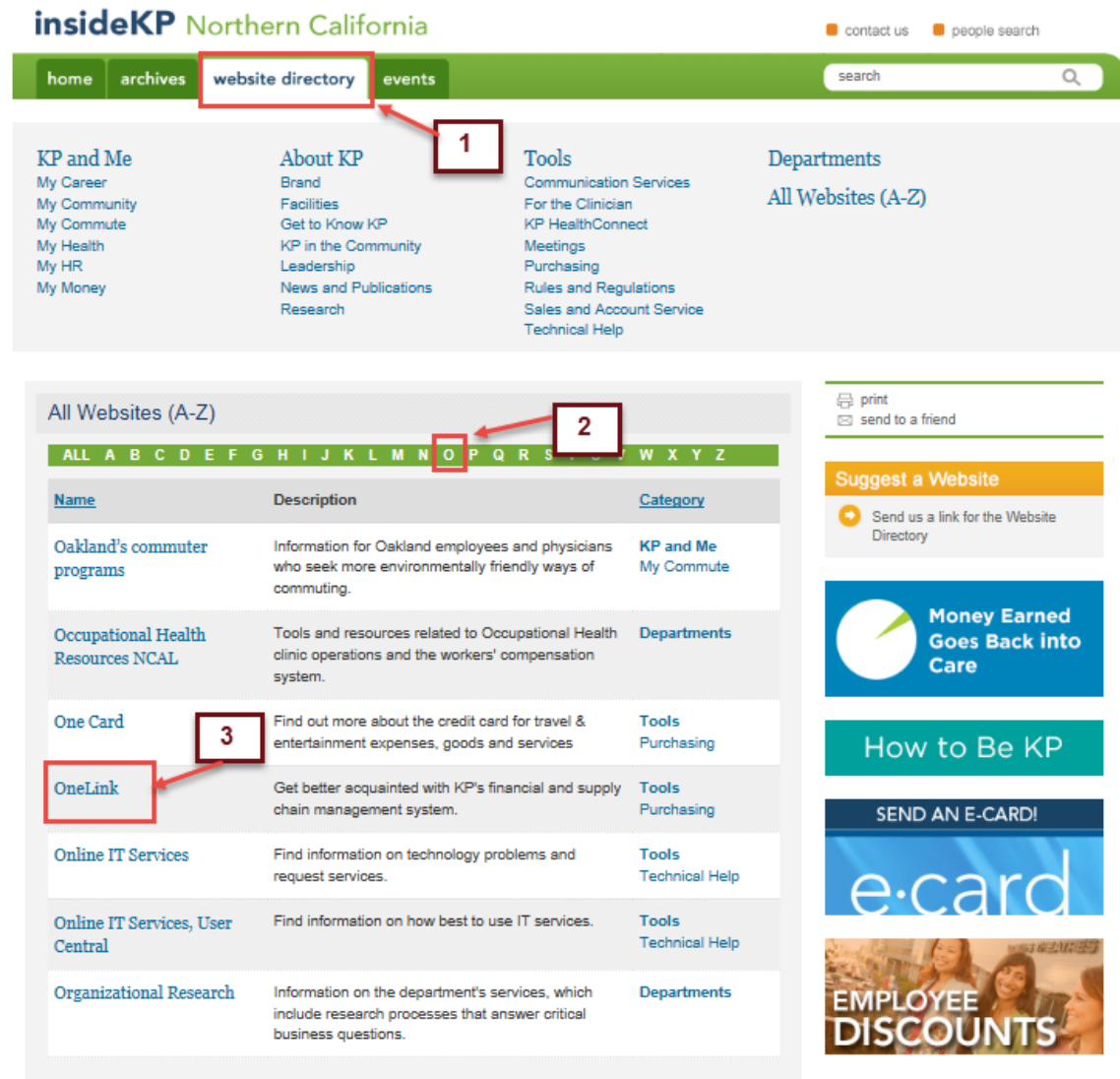
No, this program is a negotiated benefit for CNA represented nurses.

Submitting Certification Reimbursement Using the One Link System

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.

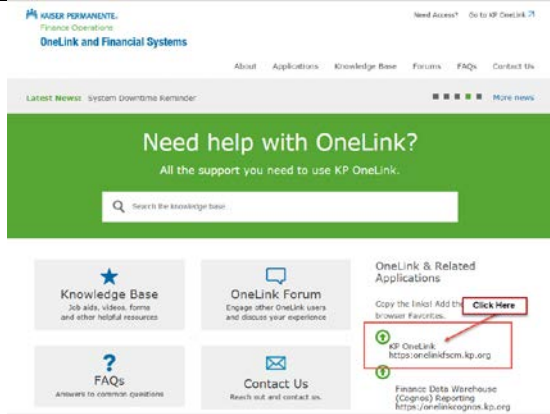
You will go through your "Single Sign On" portal (same as for My HR).



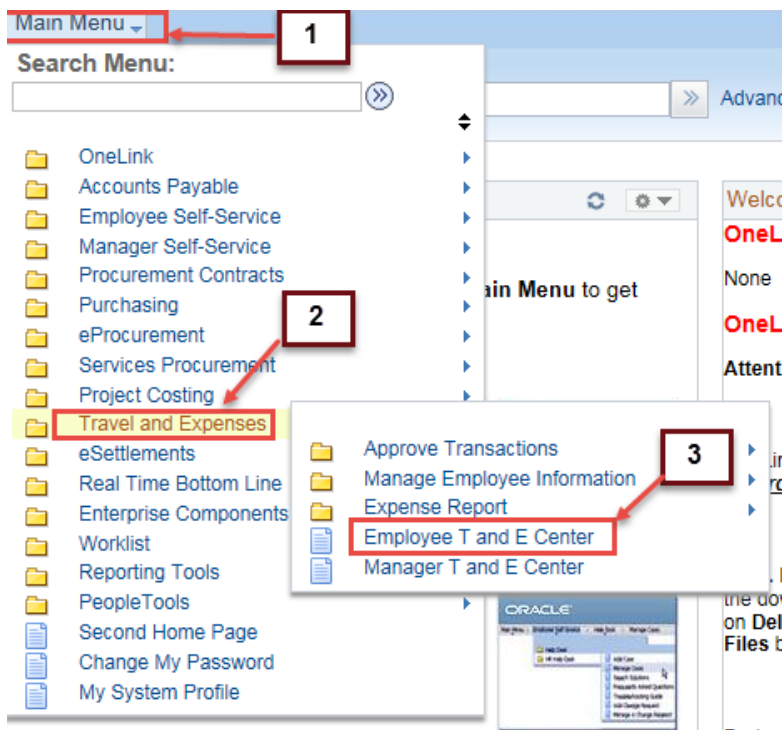
The screenshot shows the 'insideKP Northern California' website. The 'website directory' link in the top navigation bar is highlighted with a red box and labeled '1'. Below, the 'All Websites (A-Z)' section has a letter 'O' highlighted with a red box and labeled '2'. In the table below, the 'OneLink' entry is highlighted with a red box and labeled '3'.

Name	Description	Category
Oakland's commuter programs	Information for Oakland employees and physicians who seek more environmentally friendly ways of commuting.	KP and Me My Commute
Occupational Health Resources NCAL	Tools and resources related to Occupational Health clinic operations and the workers' compensation system.	Departments
One Card	Find out more about the credit card for travel & entertainment expenses, goods and services	Tools Purchasing
OneLink	Get better acquainted with KP's financial and supply chain management system.	Tools Purchasing
Online IT Services	Find information on technology problems and request services.	Tools Technical Help
Online IT Services, User Central	Find information on how best to use IT services.	Tools Technical Help
Organizational Research	Information on the department's services, which include research processes that answer critical business questions.	Departments

Click on the OneLink hyperlink:



- 1) Click on the "Main Menu" tab
- 2) Click on Travel and Expenses
- 3) Click on employee T and E center



Click "Create/Modify"

Favorites ▾ Main Menu ▾ > Travel and Expenses
 KAISER PERMANENTE.
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
 KAISER PERMANENTE.
OneLink All ▾ Search >> Advanced Search
 Expense Report
 Find an Existing Value | Add a New Value
 Employee 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 R
 KAISER PERMANENTE.
OneLink All ▾ Search >> Advanced Se
 Create Expense Report
 Your name will show here
 Select "General Expense Reimbursement"
 *Business Purpose General Expense Reimbursement ▾ Default
 *Report Description Location
 Reference 🔍
 Expenses ?

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 ?

*Business Purpose Default
 *Report Description Location
 Reference

Expenses ?

Expand All | Collapse All Add: | My Wallet (0) | Quick-Fill

*Date	*Expense Type	*Payment Ty
<input type="text"/>	<ul style="list-style-type: none"> EmpDev Non-Mgr Training EmpDev Union Emp Training EmpDev-Mgmt Training Employee Prof Lic & Fees Employee Recruiting 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 Non-Allowable Expenses O/S Purchases Srvc- Dental 	Out of Pock

It will look like this:

Expenses ?

Expand All | Collapse All Add: | My Wallet (0) | Quick-Fill

*Date	*Expense Type	*Payment Type	*Amount	*Currency
<input type="text" value="10/24/2016"/>	<input type="text" value="Non-MD Certification Fees"/>	Out of Pocket Expenses	<input type="text" value="0.00"/>	<input type="text" value="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 ?

Expand All | Collapse All Add: | My Wallet (0) | Quick-Fill

*Date: 10/24/2016 *Expense Type: Non-MD Certification Fees

*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

SetID: SHARE

Expense Location: CAS

*Location: begins with

Look Up Clear Cancel Basic L

Search Results

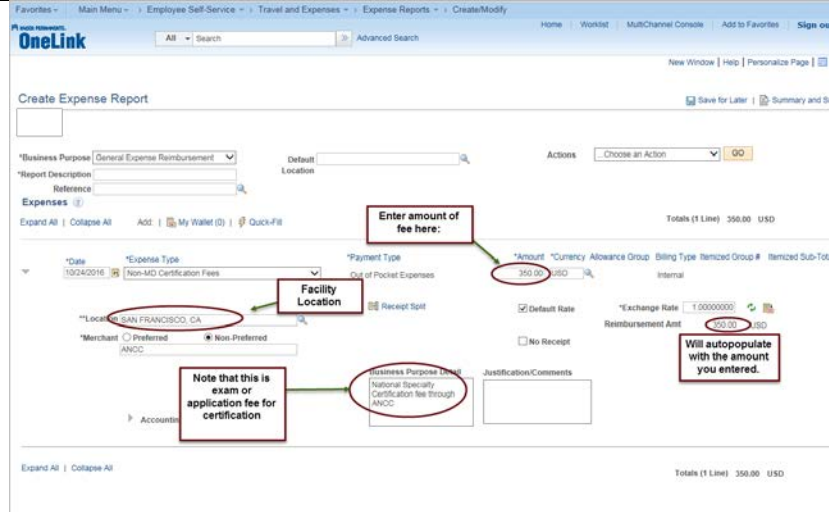
View 100 First 1-133 of 133

Expense Location	*Location
CASAA	SANTA ANA, CA
CASAC	SACRAMENTO, CA
CASAE	SALTDALE, CA
CASAH	SANTA ANA HEIGHTS, CA
CASAI	SANT HELENA, CA
CASAL	SALYER, CA
CASAM	SAMOA, CA
CASAN	SANTEE, CA
CASAO	SAN CARLOS, CA
CASAR	SARATOGA, CA
CASAT	SATICOY, CA
CASAU	SAUSALITO, CA
CASAW	SAWYERS BAR, CA
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
CASER	SEBASTOPOL, CA
CASED	SEDDO HILLS, CA
CASEE	SEELEY, CA
CASEL	SELBY, CA
CASES	SERPE, CA
CASFR	SAN FRANCISCO, CA

Enter CA and then first letter of your facility

Click on the name of your facility location

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.



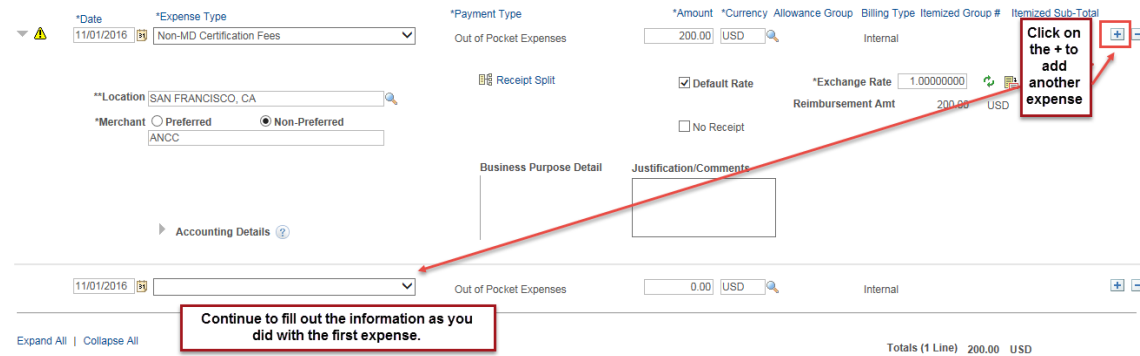
Enter amount of fee here:

Facility Location

Note that this is exam or application fee for certification

Will autopopulate with the amount you entered.

If you have a second expense receipt for reimbursement, click the + to add a line and follow the previous instructions.



Click on the + to add another expense

Continue to fill out the information as you did with the first expense.

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



OneLink

Home | Worklist | MultiChannel Console | Add to Favorites | Sign out

Create Expense Report

Save for Later | Summary and Submit

*Business Purpose: General Expense Reimbursement

*Report Description: [Empty]

Expenses

*Date	*Expense Type	*Payment Type	*Amount	*Currency	Allowance Group	Billing Type	Itemized Group #	Itemized Sub-Total
10/24/2016	Non-MD Certification Fees	Out of Pocket Expenses	350.00	USD		Internal		

Totals (1 Line) 350.00 USD

**Location: SAN FRANCISCO, CA

*Merchant: Preferred (selected), Non-Preferred

ANCC

Business Purpose Detail: National Specialty Certification fee through ANCC

Justification/Comments: [Empty]

Accounting Details

Totals (1 Line) 350.00 USD

When all fields are complete, click here to submit the form

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

Message

Warning -- This report will be routed to [Empty] 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.

KAISER PERMANENTE®

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: General Expense Reimbursement

Empl ID: [Empty]

Report Status: Pending Subr

Return to the report, and click "Submit Expense Report"

Favorites > Main Menu > Employee Self-Service > Travel and Expenses > Expense Report

KAISER PERMANENTE 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

Employee Expenses (10 Lines)	<input type="text"/> 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.

Review your confirmation, and click "OK".
That's it- you've submitted your request!

Expense Report Submit Confirm

Expense Report
Save Confirmation

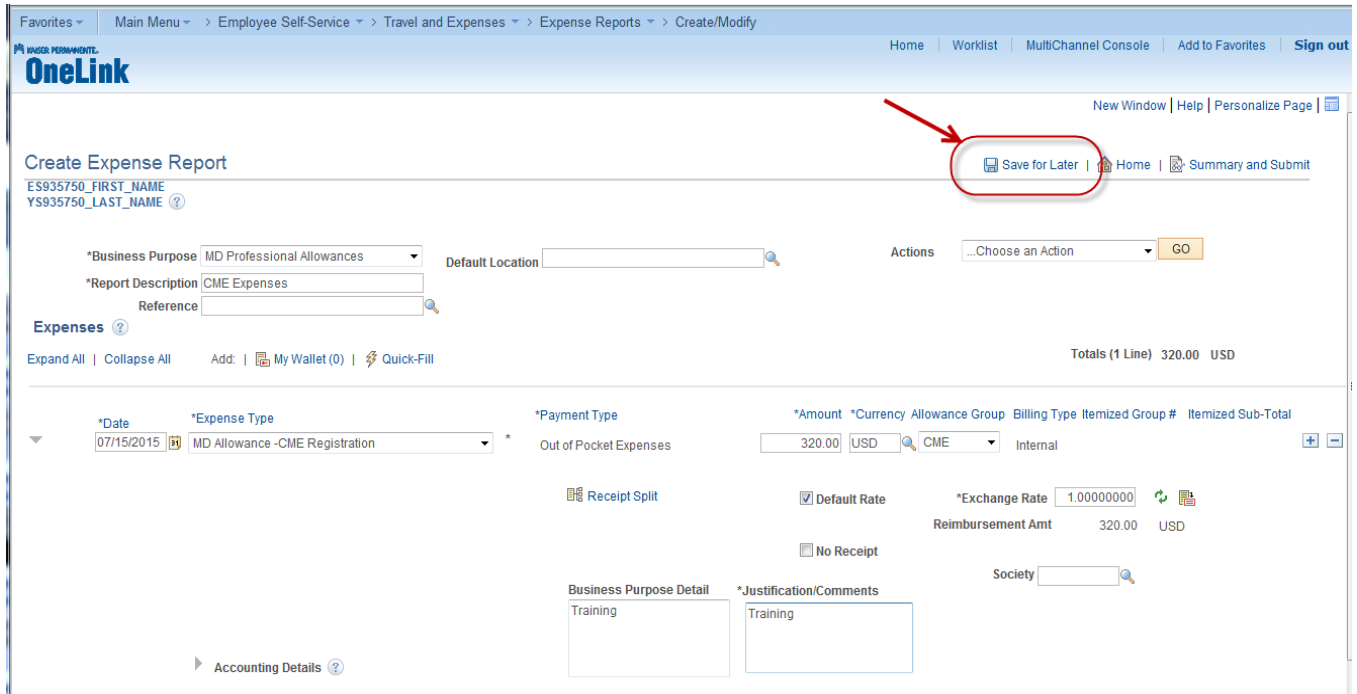
Totals

Employee Expenses (10 Lines)	<input type="text"/> USD	Non-Reimbursable Expenses
Cash Advances Applied	0.00 USD	Prepaid Expenses

Amount Due to Employee USD Amount

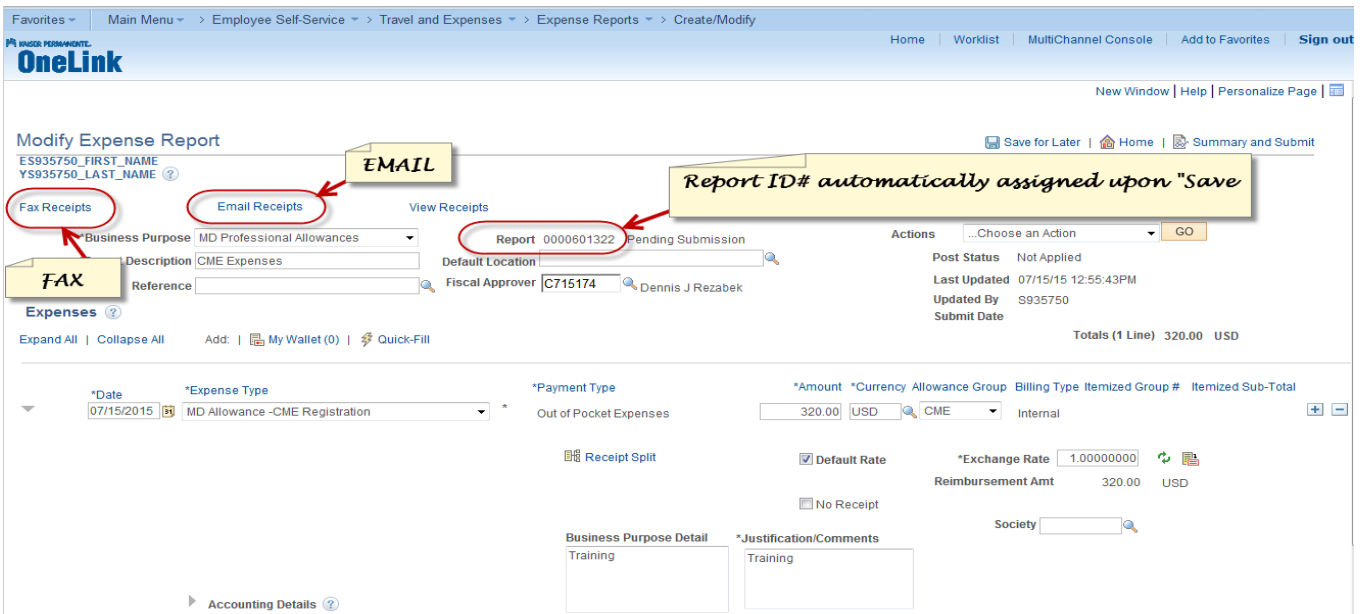
Faxing or Emailing Receipts for an Expense Report

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.

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 taxes 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 **TO PRINT** 0000601322

ES935750_FIRST_NAME YS935750_LAST_NAME

Description	CME Expenses	Empl ID	S935750
Bus Purpose	MD Professional Allowances	Report Status	Pending Submission
Exp Date Range	07/15/2015 To 07/15/2015	Fiscal Appr	C715174
Bus Unit	0206	Appr Name	Dennis J Rezabek

Fax Number 877675-0843 **FAX NUMBER**

Date	Expense Type	Merchant	Location	Amount	Currency	Receipt Status
07/15/2015	MD Allowance - CME Registration			320.00	USD	

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 may 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.

Modify Expense Report

ES935750_FIRST_NAME
YS935750_LAST_NAME

Fax Receipts **Email Receipts** View Receipts

*Business Purpose MD Professional Allowances Report 0000601322 Pending Submission

*Report Description CME Expenses Default Location

Reference Fiscal Approver C715174 Dennis J Rezabek

Expenses

Expand All | Collapse All Add: | My Wallet (0) | Quick-Fill

Actions ...Choose an Action GO

Post Status Not Applied

Last Updated 07/15/15 12:55:43PM

Updated By S935750

Submit Date

Totals (1 Line) 320.00 USD

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.

Send Send Secure Send and File... Save as Draft Delivery Options... Display More

High importance Return receipt Sign Encrypt Mark Subject Confidential

To: onelink-expense@nzauap15.nndc.kp.org

Cc:

Bcc:

Subject: EX_SHEET_ID=0000601322

From: Esme X Yam/CA/KAIPERM - Wednesday 07/15/2015 01:18 PM

Esme Yam
TPMG - Financial Services
Finance AP Manager

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.

OneLink Modify Expense Report

TO EMAIL RECEIPTS

Business Purpose: MD Professional Advancements

Report Description: CHE Expenses

Reference: Fiscal Approver: [278574] Dennis J. Pizzotti

Expenses

Expense # | Expense Type | Payment Type | Amount | Currency | Advance Group | Billing Type | Reimbursed Group | Reimbursed Sub-Total

[07782876] | MD Advance - CHE Registration | Out of Pocket Expense | 320.00 | USD | CHE | Internal

Receipt # | Receipt Date | Exchange Rate | Reimbursement Amt

[RECEIPT] | [RECEIPT DATE] | 1.00000000 | 320.00 USD

Business Purpose Detail: Training

Justification Comments: Training

Accounting Details

Send Send Secure Send and File... Save as Draft Delivery Options... Display More

High importance Return receipt Sign Encrypt Mark Subject Confidential

To: onelink-expense@nzauap15.nndc.kp.org

Cc:

Bcc:

Subject: EX_SHEET_ID=0000601322

From: Esme X Yam/CA/KAIPERM - Wednesday 07/15/2015 01:09 PM

TEST IMAGE.pdf

DO NOT remove or alternate these fields

Scanned receipts and attach it to this email and click "SEND"

Esme Yam
TPMG - Financial Services

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

OneLink Modify Expense Report

Business Purpose: MD Professional Advancements

Report: 0000601322 Pending Submission

Reference: Fiscal Approver: [278574] Dennis J. Pizzotti

Expenses

Expense # | Expense Type | Payment Type | Amount | Currency | Advance Group | Billing Type | Reimbursed Group | Reimbursed Sub-Total

[07782876] | MD Advance - CHE Registration | Out of Pocket Expense | 320.00 | USD | CHE | Internal

Receipt # | Receipt Date | Exchange Rate | Reimbursement Amt

[RECEIPT] | [RECEIPT DATE] | 1.00000000 | 320.00 USD

Business Purpose Detail: Training

Justification Comments: Training

Accounting Details

Save for Later | Summary and Submit

Click Summary and Submit

OneLink Modify Expense Report

Business Purpose: MD Professional Advancements

Report: 0000601322 Pending Submission

Reference: Fiscal Approver: [278574] Dennis J. Pizzotti

Totals

Employee Expenses (1 Line)	320.00 USD	Non-Reimbursable Expenses	0.00 USD	Employee Credits	0.00 USD
Cash Advances Applied	0.00 USD	Prepaid Expenses	0.00 USD	Supplier Credits	0.00 USD
Amount Due to Employee		320.00 USD	Amount Due to Supplier		0.00 USD

Submit Expense Report

Certification of submission

Expense Report Submit Confirm

Create Expense Report

Save Confirmation

Totals

Employee Expenses (1 Line)	320.00 USD	Non-Reimbursable Expenses	0.00 USD	Employee Credits	0.00 USD
Cash Advances Applied	0.00 USD	Prepaid Expenses	0.00 USD	Supplier Credits	0.00 USD
Amount Due to Employee		320.00 USD	Amount Due to Supplier		0.00 USD

OK Cancel

OK to complete