

New Mid-level Practitioner Regulations

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Physician practices participating in MassHealth often have difficulty providing services in an efficient and sustainable manner under MassHealth reimbursement levels. Any development making it easier to provide those services using lower-cost physician extenders would assist practices to continue to provide those services. The Massachusetts Office of Medicaid recently promulgated proposed amended regulations that offer some relief to practices along those lines.

The new proposed regulations would loosen restrictions on the use of “mid-level practitioners,” defined as nurse practitioners (NP), nurse midwives, certified registered nurse anesthetists (CRNA), certified nurse specialists and physician assistants (PA). NPs, nurse midwives, CRNAs, psychiatric clinical nurse specialists and clinical nurse specialists can bill for their own services, or a group practice can bill for their services. The expansion of Medicaid-payable services rendered by these practitioners, as well as some loosened physician supervision obligations, will help medical practices maximize the value of these colleagues.

For example, MassHealth will now accept pre-authorizations for certain non-physician services from these “other practitioners.” Such services include transportation, drugs, durable medical equipment and home health, nursing facility and therapy services. While the phrase “other practitioner” is not defined in this provision, it appears clear that it refers to those mid-level practitioners who have the authority to provide orders, referrals, prescriptions, medical necessity documentation, certifications, plans of care, examinations or take such other actions as may be required by MassHealth as a condition of payment for a particular service.

Specific additional services may be performed by or under the direction not just of a physician but by a specified type of mid-level practitioner. Examples include allergy testing by an NP, clinical nurse specialist or a PA, psychiatric services by a psychiatric clinical nurse specialist, tobacco cessation services by psychiatric clinical nurse specialists and clinical nurse specialists and clinical laboratory services by an NP, nurse midwife, CRNA, clinical nurse specialist and PA.

Although the new regulations retain the obligation for PA supervision by a physician through written guidelines, NPs practicing independently do not need a formal physician “collaborative arrangement,” including written practice guidelines. Presumably this means that an independent NP can write prescriptions without prescriptive practice guidelines agreed to by a physician. Though PAs employed by a group practice must still be under the supervision of a physician, that PA may enroll as a primary care clinician and have MassHealth enrollees assigned to the PA.

The proposed new regulations may be subject to change prior to an effective date of not earlier than Aug. 1, 2017. Physicians and group practices with a significant level of MassHealth participation should keep abreast of these and other new developments as the provider system continues to evolve to delegate more patient care to more types of lower-cost practitioners.

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