

MICHIGAN MEDICAID IMPLEMENTS NEW ENROLLMENT AND BILLING REQUIREMENTS FOR CLINICAL NURSE SPECIALISTS AND NURSE PRACTITIONERS

On May 1, 2019, the Michigan Medical Service Administration of the Michigan Department of Health & Human Services (“MDHHS”) issued Bulletin **MSA 19-10** (the “Bulletin”), which set forth new enrollment and billing requirements for nurse practitioners (“NPs”) and clinical nurse specialists (“CNSs”) participating in the Michigan Medicaid program. Under the new guidelines, **effective June 1, 2019**, CNSs are required to enroll in the Medicaid Program with a collaborating physician pursuant to a collaborative practice agreement, among other changes. A more detailed discussion of the enrollment and claims submission requirements is provided below.

NEW MEDICAID ENROLLMENT REQUIREMENTS FOR CNS

Previously, CNSs were not required by Michigan Medicaid to enter into a collaborative practice agreement with a supervising physician. This requirement was specific to Medicaid-enrolled NPs only where NPs were required to complete the Practitioner/Physician Agreement form (DCH-1575) (“DCH-1575 Form”) to attest that services would be provided and billed in accordance with a collaborative practice agreement with a Medicaid-enrolled physician. Effective June 1, 2019, the DCH-1575 Form will be discontinued and CNSs will be required to attest to having a valid collaborative practice agreement in place with a Medicaid-enrolled physician. During the enrollment and enrollment revalidation process, the CNS must report the NPI of the Medicaid-enrolled collaborating physician.

NEW MEDICAID BILLING REQUIREMENTS FOR CNS

The Bulletin further provides that professional claims for services rendered by a CNS must include the NPI of the CNS in the rendering provider field and the NPI of the supervising physician in the supervising physician field as applicable. Fee-for-service reimbursement for CNS services will be based on the limits and rates associated to physician professional services.

NURSE PRACTITIONER AND CNS COLLABORATIVE PRACTICE AGREEMENT REQUIREMENTS

The Bulletin also updates the collaborative practice agreements requirements are applicable to both NPs and CNSs. Specifically, effective June 1, 2019, Medicaid-enrolled NPs and CNSs are required to enter into a collaborative practice agreement with a Medicaid-enrolled physician. The collaborative practice agreement outlines the performance of medical care services within the scope of each practitioner’s license. The Bulletin states that a collaborative practice agreement must:

- Be in writing;
- Include the effective date of delegation and subsequent review dates;
- Be maintained by the NP/CNS at his or her primary place of practice;
- Be made available to MDHHS upon request;
- Outline a process between the NP/CNS and physician for communication, availability and decision making, including an emergency plan;
- Not include an act, task or function that the NP/CNS or physician is not qualified to perform based on his/her education, training or experience;
- Not include an act, task or function that is not within the scope of the NP’s/CNS’s or physician’s license;
- Include a protocol for designating an alternative physician for consultation when the collaborating physician is not available;
- Describe the duties and responsibilities of the practitioner and physician based on education, training, and experience;
- Include a provision that allows the practitioner or physician to terminate the agreement; and
- Be signed by the NP/CNS and the physician.

PRACTICAL TAKEAWAYS

NPs and CNSs who are currently enrolled in Medicaid or plan to enroll should move quickly to ensure they meet the new collaborative practice agreement requirements. Additionally, enrolled CNSs should ensure professional claims are being submitted in accordance with the new collaborating requirements.

If you have questions or would like additional information about this topic, please contact:

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