

October 12,2020

Managed Care affecting Nurse Practitioners in Mississippi

Molina:

1. Molina continues to have some delays in timely payment, but this appears minimal according to the Nurse Practitioners who own clinics in Mississippi.
2. Molina also has routinely sent letters to patients says that Nurse Practitioners were no longer in network and they were reassigned to another provider.
3. When the NPs confirmed they were still in network, Molina said this was just a mistake on their part. However, according to the NP offices affected, Molina will not provide them with a list of patients these letters were sent to, so they could be proactive in sending notices to their patients they were actually still in network.

Why do Nurse Practitioners deserve same Medicaid reimbursement as MD?

1. Medicaid Reimbursement are currently 85% for NPs compared to MDs at 100% for same service.
2. Many studies show that NPs outcomes are the same or better than MDs and that patients who see NPs as their Primary Care Provider are less likely to have unnecessary readmission to hospitals, ER visit, and more likely to have appropriate referrals made.
3. Nurse Practitioners have better patient satisfaction scores than MDs and take a more holistic approach to patient care according to studies.
4. The burden of not having 100% reimbursement comes at a cost to Nurse Practitioners in our state in that the NP owned clinics have a financial burden that no other business in the state has. We are the only business that must pay large collaborative fees in order to open our doors. Average fees per Nurse Practitioner are \$1500-\$2500.00 per month.

A clinic with four Nurse Practitioners will pay \$6000.00 -\$10,000.00 per month for a physician to audit 20 charts on each provider per month and do a face to face meeting with them quarterly.

Other barriers for Nurse Practitioners that are affected by decreased reimbursement include:

1. NPs must have only licensed staff employed in their offices, therefore their cost of providing patient care is increased compared to MDs who may use certified Medical Assistants.
2. NPs are limited by the large collaborative fees and decreased reimbursement, from having medical equipment they need to enhance patient care.
3. Financial limitations to expanding their facilities, hiring more providers, providing more local jobs.
4. Nurse Practitioners have 13% higher odds of working in Primary Care in states with Full Practice Authority, these odds increase to 20% if that state also reimbursed NPs at 100% Medicaid.
5. Practices who have NPs have a 23% greater odd of accepting Medicaid than those without NPs.
6. NPs are not allowed to practice unencumbered to the full extent of their education despite having a scope of practice clearly defined.
7. During the pandemic NP clinics were affected in the same way as MD owned clinics. However, they had to continue paying large collaborative fees even when they did not have the patient visits needed to produce the revenue to meet their financial commitments.

How would we pay for this increase reimbursement for Nurse Practitioners?

The studies show that less hospital readmissions, less unnecessary ER visits, less inappropriate referral.....these alone would likely more than cover the cost of increasing reimbursement to 100% for Nurse Practitioners.

Given the above -mentioned multiple studies showing that NPs have outcomes at or better than MDs, it would seem that the logical solution would be that Nurse Practitioners deserve the 100% reimbursement rate as well as Full Practice Authority.

In Conclusion:

Mississippi would lead the Southern States in using its valuable resource of highly educated, effective and dedicated Nurse Practitioners to improve the health of Mississippians.

This would also help stop the constant loss of its Nurse Practitioner health care providers to states that already have 100% reimbursement for Medicaid and Full Practice Authority for Nurse Practitioners.

Full Practice Authority and 100% reimbursement for Medicaid would eliminate many of these financial burdens allowing for higher quality of patient services as Nurse Practitioners could reinvest in the clinics and add jobs to businesses that serve their local communities.