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Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
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**NOTICE OF PUBLIC WORKSHOP**

**Nevada Medicaid and Implementation of Community Paramedicine**

**Date of Publication:** March 7, 2016

**Date and Time of Meeting:** March 23, 2016 at 10:00 AM

**Name of Organization:** The State of Nevada, Department of Human Resources, Division of Health Care Financing and Policy (DHCFP)

**Place of Meeting:** Division of Public and Behavioral Health  
4150 Technology Way, Room 303  
Carson City, Nevada 89706

**Place of Video-Conference:** Division of Health Care Financing and Policy  
1210 S. Valley View Blvd., Suite 104  
Las Vegas, Nevada 89102

**Place of Video-Conference:** Division of Health Care Financing and Policy  
1010 Ruby Vista Drive, Suite 103  
Elko, Nevada 89801

**Agenda**

**1. Presentation and Public Comment Regarding Community Paramedicine for Nevada Medicaid population.**

As a result of the passage of Assembly Bill 305 during the 2015 Legislative Session, state and local leaders and key stakeholders are looking to community paramedicine to help address workforce shortages, improve access to appropriate health care services and reduce the overall cost of care. Community paramedicine utilizes emergency personnel outside of their traditional roles in order to expand patients' access to primary care, manage chronic diseases or facilitate access to other needed services.

- a. The purpose of this workshop is to solicit input for the implementation of new policies and the development of process and procedures related to community paramedicine for Nevada Medicaid population.

- Revision to Medicaid Services Manual (MSM), Chapter 600, Physician Services
- Nevada State Plan Amendment (SPA):
  - Policy
  - Attachment 4.19-B, Page 1e

**b. Public Comment Regarding Subject Matter**

**2. Public Comment Regarding any Other Issue**

**3. Adjournment**

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Items may be taken out of order. Two or more agenda items may be combined for consideration. Items may be removed from the agenda or discussion of items may be delayed at any time.

Notice of this public workshop meeting and draft copies of the changes will be available on or after the date of this notice at the DHCFP Web site at [www.dhcfp.nv.us](http://www.dhcfp.nv.us) and <http://admin.nv.gov>; Carson City Central office, Las Vegas DHCFP District Office, Elko District Office and the Reno District Office. The agenda posting of this meeting can be viewed at the follow locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Esmeralda County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a copy of the proposal will be mailed to you. Requests and/or written comments on the proposed changes may be sent to the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701 at least 3 days prior the public workshop.

All persons that have requested in writing to receive the Public Workshop Agenda have been duly notified by mail or e-mail.

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**Note:** We are pleased to make reasonable accommodations for members of the public who are physically challenged and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Division of Health Care Financing and Policy, in writing, at 1100 East William Street, Suite 101, Carson City, by email at [Ellen.felsing@dhcfp.nv.gov](mailto:Ellen.felsing@dhcfp.nv.gov) or call Ellen Felsing at (775) 684-3684, as soon as possible,

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**NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY'S (DHCFP)  
MEDICAID SERVICES MANUAL (MSM) POLICY DRAFT FOR COMMUNITY  
PARAMEDICINE  
MARCH 23, 2016 PUBLIC WORKSHOP**

**MSM 600 Physicians Services**

601 AUTHORITY

Adding:

7. NRS 450B Emergency Medical Services

**COMMUNITY PARAMEDICINE SERVICES**

**604** The Division of Health Care Finance and Policy (DHCFP) reimburses for medically necessary community paramedicine services ~~as a profession~~ which are designed to provide ~~meets the~~ health care services to the medically needs of Nevada Medicaid and Nevada Check Up recipients living in underserved communities.

**604.1 COMMUNITY PARAMEDICINE PROVIDER QUALIFICATIONS**

- A. Licensed/certified within the state of Nevada:
  - a. Emergency Medical Technician (EMT);
  - b. Advanced Emergency Technician (AEMT); or
  - c. Community Paramedic.
- ~~B.~~ Required ~~endorsement certification~~
  - a. Community paramedicine ~~endorsement certification~~ from the Nevada Division of Public and Behavioral Health (DPBH) Office of Emergency Medical Services; or
  - b. Community paramedicine ~~endorsement certification~~ from the Southern Nevada Health District's Board of Health.
- C. Must be enrolled as a Nevada Medicaid Provider.
- D. Must possess a service scope agreement, based upon the paramedic's skills, with the Medical Director of the ambulance service under which they are employed.
- ~~E.~~ The Medical Director of the ambulance service who holds a service of scope agreement with a community paramedic must be enrolled as a Nevada Medicaid Provider.

**604.2 COVERAGE AND LIMITATIONS**

**NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY'S (DHCFP)  
MEDICAID SERVICES MANUAL (MSM) POLICY DRAFT FOR COMMUNITY  
PARAMEDICINE  
MARCH 23, 2016 PUBLIC WORKSHOP**

Community paramedicine services are delivered according to a recipient-specific plan of care under the supervision of a Nevada-licensed primary care provider (PCP), **including a physician (MD/DO), an advanced practice registered nurse (APRN) or physician's assistant (PA)** following an appropriate assessment. Either the PCP or the ambulance service's medical director must coordinate the care plan with all local community health providers and the local public health agencies, including home health and waiver services, to avoid duplication of services to the recipient. If a **fee-for-service** recipient requires more than five visits (encounters) in the home during a one month period, they will be referred to the **DHCFP's** Care Management Organization (CMO).

- A. The following in-person services can be provided within a community paramedic's scope of practice as part of a community paramedicine visit when requested in a primary care provider's care plan:
- a. Evaluation/health assessment;
  - b. Disease prevention, monitoring and education;
  - c. Medication compliance;
  - d. Immunizations and vaccinations;
  - e. Laboratory specimen collection **and point of care lab tests;**
  - f. Hospital discharge follow-up care; **and**
  - g. Minor medical procedures within their scope of practice **as approved by the Medical Director; and**
  - h. **A telehealth facility fee can be reimbursed to the community paramedic when acting as the originating site for a telehealth visit; however, a community paramedic cannot bill for a visit on the same day they bill the telehealth facility fee.**
- B. Non-covered services:
- a. Travel time;
  - b. Mileage;
  - c. Facility fees;
  - d. Services related to hospital-acquired conditions or treatment;
  - e. Medical response to a medical emergency (to be billed by the responding ambulance); **and**
  - f. Duplicated services; **and**
  - g. **Personal Care Services.**
- C. For a list of covered procedure and diagnosis codes, please refer to the billing manual.
- D. Prior authorization is not required for community paramedicine services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1e

- e. Payment for community paramedicine services will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges or the amount specified below:
  - 1. Medicine codes and Evaluation and Management codes will be reimbursed at 63% of the Medicare non-facility rate.
- f. Payment for services billed by a Nurse Anesthetist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
  - 1. Medicine codes 90000 - 99199 and Evaluation and Management codes 99201 – 99499 will be reimbursed at 74% of the Medicare non-facility rate. Vaccine Products 90476 – 90749 will be reimbursed at 85% of the Medicare non-facility rate.
  - 2. Anesthesia codes 00100 – 01999 will be reimbursed based on the Centers for Medicare and Medicaid Services (CMS) 2009 base units for anesthesia. Payment is determined by adding the base units plus time units and multiplying the result by the CMS 2013 anesthesia conversion factor of \$22.57. Anesthesia codes 01967 – 01969 are occurrence based codes that are paid a flat rate. Anesthesia codes 99100 – 99140 are not covered.
  - 3. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
- fg. Payment for services billed by a Psychologist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or 85% of the Medicare non-facility based rate.
- gh. Medicine codes 90281-90399, and all other pharmaceuticals that are not identified above, will be reimbursed according to the drug reimbursement algorithm set forth on page 3 of Attachment 4.19-B with the exception of the pharmacy dispensing fee component of the algorithm.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://dhcfp.nv.gov/>.

**DHCFP STATE PLAN AMENDMENT (draft) FOR COMMUNITY PARAMEDICINE**  
**Considerations for the Policy --- For Public Comment/Consideration**  
**March 23, 2016 Public Workshop**

1. Scope - The Division of Health Care Finance and Policy (DHCFP) reimburses for Community Paramedicine Services as a profession which meets health care needs of Nevada Medicaid and Nevada Check Up recipients living in underserved communities. Services must be part of the care plan ordered by the recipient's primary care provider. The primary care provider consults with the ambulance service's medical director to ensure there is no duplication of services.

A) The following services are covered under the direct supervision of the medical director:

- a. Health assessment
- b. Chronic disease monitoring and education
- c. Medication compliance
- d. Immunizations and vaccinations
- e. Laboratory specimen collection and point of care lab tests
- f. Hospital discharge follow-up care
- g. Minor medical procedures, as approved by the Medical Director
- h. Telehealth originating site fee

B) The following are non-covered services:

- a. Travel time
- b. Mileage
- c. Services related to hospital-acquired conditions or treatment
- d. If the recipient has a medical emergency requiring an emergency response, this will be bill under the ambulance medical emergency code
- e. Duplication of services
- f. Personal care services
- g. Personal Care Services

**DHCFP STATE PLAN AMENDMENT (draft) FOR COMMUNITY PARAMEDICINE**  
**Considerations for the Policy --- For Public Comment/Consideration**  
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2. Provider Qualifications - Community Paramedics are required to be certified either as an Emergency Medical Technician (EMT) or Advanced Emergency Technician (AEMT) who:
  - a. ~~Are certified by~~ Hold an endorsement in community paramedicine with the Emergency Medical Systems Office, Division of Public and Behavioral Health (DPBH) Office Emergency Medical Services, except for Clark County, where they hold an endorsement for community paramedicine with the ~~are certified by~~ Southern Nevada Health District, Board of Health;
  - b. Are employed by an ambulance service that is enrolled as a Medical Provider and holds an endorsement with the Emergency Medical Systems Office, DPBH Office of Emergency Medical Services, except for Clark County, where they hold a community paramedicine endorsement with Southern Nevada Health District, Board of Health ; and
  - c. Have a service scope agreement, based on the paramedic's skills, with the Medical Director of the ambulance service.
3. Service limitations - Community Paramedicine services will utilize physician evaluation and management codes which do not require prior authorization.