



February 16, 2016

Marta Jensen, Acting Administrator
Department of Health and Human Services
Division of Health Care Financing and Policy
1100 E. William Street, Suite 101
Carson City, NV 89701

Re: Community Paramedicine for Nevada Medicaid Population

Dear Ms. Jensen,

This letter provides comments regarding the implementation of new policies and the development of processes and procedures related to Community Paramedicine for Nevada Medicaid Population.

First, REMSA is extremely pleased that the Division of Health Care Financing and Policy (DHCFP) is moving forward with reimbursement for community paramedicine services delivered to the Nevada Medicaid population. Now that the Nevada legislature has passed and that Governor Sandoval has signed AB 305 into law, the state of Nevada and the Nevada Medicaid program are clearly at the forefront of the nationwide mobile integrated health care movement. These steps clearly advance Nevada leadership and innovation.

As you know, REMSA is the recipient of a Health Care Innovation Award grant which supported the development of three interventions: Community Paramedicine, Transport to Alternative Destinations and Nurse Health Line. The Aim of REMSA's Community Health Programs is to:

- Improve access to appropriate levels of quality care while simultaneously reducing unnecessary ambulance transports, hospital emergency department visits, all-cause hospital admissions and 30-day hospital readmissions.

As a HCIA awardee, REMSA established important Triple Aim goals for its Community Health Program, including the following two key objectives:

1. Establish new reimbursement methodologies and create aligned financial incentives between both care delivery systems and payment systems which improve the health and healthcare of the local population.
2. Ensure program integrity by building fraud, waste and abuse prevention measures in partnership with payer, regulatory and national organizations.

REMSA has recently released preliminary outcomes which indicate that community paramedicine services have achieved improved quality and experience of care, improved population health and reduced overall cost of care. Our preliminary outcomes report (October 2105) provides the preliminary evidence-base for reimbursement for these new services. Below are comments based upon our review of the Division of Health Care Financing and Policy proposed State Plan Amendment (SPA).

DHCFP MSM POLICY REVISION (DRAFT) FOR COMMUNITY PARAMEDICINE

Introduction. The words “as a profession” are unnecessary and should be deleted.

Authority. (2) (a) Delete “.180” because AB 305 amends multiple sections of NRS 450B.

Provider Qualifications. To comply with the legislative history and intent of AB 305, it is recommended that the term “provider” (for the purpose of this policy revision and SPA) is defined as the ambulance service medical director (Reference 42CFR 410.20 and NRS 450B as amended by AB 305). CMS defines “provider” as a *health care professional* that is an independent practitioner, and includes physicians, physician assistants and nurse practitioners. Paramedics are not independent practitioners and the clinical scope of practice of an independent practitioner is beyond the scope of practice of both paramedics and community paramedics (NRS 450B). NRS specifies that the “Ambulance Service” is the agency endorsed by Nevada Division of Public and Behavioral Health, Office of Emergency Medical Services. CMS defines paramedics (as well as, community paramedics) as allied health care personnel.

Below are additional recommended edits to the Provider Qualifications section:

- Introductory sentence: Community Paramedicine ~~provider~~, delete the word provider.
- (3) Insert “Ambulance Service Medical Director” before “must be enrolled as a Nevada Medicaid provider.”
- (4) Insert “Community Paramedics” at the beginning of the sentence. Insert at the end of the sentence: “Community Paramedics must document patient care services on a medical record and documentation shall include the name of the referring Nevada-licensed primary care provider and confirmation of recipient-specific plan of care.”
- Add (5): Ambulance Service Medical Director must provide medical oversight of community paramedicine services and must oversee a continuous quality improvement plan.
- Add (6): Ambulance Service must develop a plan for participation in the Health Information Exchange to be completed no later than two years after initiation of community paramedicine program.
- Add (7): Ambulance Service must maintain a Fraud, Waste and Abuse Prevention Plan (also known as a Compliance Plan).

- Add (8): Ambulance Service must submit periodic (no less than annually) performance reports describing impact of community paramedicine program to improve access to appropriate levels of quality care while simultaneously reducing unnecessary ambulance transports, hospital emergency department visits, all-cause hospital admissions and 30-day hospital readmissions. Impact reports must be submitted to the authorized entity as required by Nevada Division of Public and Behavioral Health, Office of Emergency Medical Services; or the Southern Nevada Health District's Board of Health.
- Add (9): Ambulance Service must make each of the above documents available for independent audit, upon request of an authorized entity.

Coverage and Limitations.

- Care Management Organization. It is recommended the policy provide a definition of, or a reference list of, eligible Care Management Organizations (CMO).
- Non-covered Services – Travel Time and Mileage. In order to cover the weighted average travel time and mileage, it is recommended that medicine codes and evaluation and management codes be reimbursed at 100% of the Medicare non-facility rate.
- Non-covered Services – Emergency Medical Service Response to a Medical Emergency. If the recipient has a medical emergency requiring an emergency response, the ambulance transport will be billed under the ambulance medical emergency code.

DHCFP STATE PLAN AMENDMENT (DRAFT) FOR COMMUNITY PARAMEDICINE

Scope.

- (1) The words "as a profession" are unnecessary and should be deleted.
- (A) Insert "ambulance service" before medical director.
- (A) (f) Add "Point of care lab tests."
- (A) (h) Minor medical procedures (insert "and treatments,") as approved by the Medical Director
- (B) (a) and (b) Delete travel time and mileage.
- (B) (d) Non-covered Services – Emergency Medical Service Response to a Medical Emergency. If the recipient has a medical emergency requiring an emergency response, the ambulance transport will be billed under the ambulance medical emergency code.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Medicine codes and evaluation and management codes will be reimbursed at 63% of the Medicare non-facility rate. (e) (1) In order to cover weighted average travel time and mileage,

February 16, 2016

Page 4 of 4

it is recommended that medicine codes and evaluation and management codes will be reimbursed at 100% of the Medicare non-facility rate.

We applaud the Department of Health and Human Services, Division of Health Care Financing and Policy for moving forward with reimbursement for these new services. Thank you again for the opportunity to submit written comments regarding these proposed state plan amendments regarding Community Paramedicine for Nevada Medicaid Population. We look forward to attending the public workshop to be held on February 19, 2016. Please contact Chris Watanabe or me if you have any questions or would like additional information.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Brenda Staffan". The signature is written in black ink and is positioned above the printed name and title.

Brenda Staffan

Director, Community Health Programs