



Nevada State Innovation Model (SIM)

Policy and Regulatory Taskforce

July 28, 2015

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

Objectives for Today's Meeting:

- ✓ **Improve Access of care:**
 - ✓ Discuss status of enacted bills next steps for bills, and key SIM initiatives.
 - ✓ Discuss closing the work force gap.

Regulatory and Policy Levers

- Nevada has made good progress with the passing of several bills into laws for this legislative session.
- Next session in 2017 – start planning now:
 - Dental screenings for children
 - BMI screenings for school children
 - Other thoughts?

Patient-Centered Medical Home

Passage of SB6 – Defines Patient Centered Medical Homes

- Defines PCMH to mean a primary care practice that:
 - offers patient centered, continuous, culturally competent, evidence-based, comprehensive health care that coordinates the needs of the patient and uses enhanced communication strategies and health information technology;
 - and emphasizes enhanced access to practitioners and preventive care to improve the outcomes for and experiences of patients and lower the costs of health services.
- Only a PCMH that is certified, accredited, or officially recognized as such by a nationally recognized organization for accrediting PCMHs can hold itself out as a PCMH.

Patient-Centered Medical Home

- Authorizes coordination between PCMHs and insurers and incentives provided by insurers that would otherwise constitute unfair trade practices.
- Authorizes the Advisory Council to establish an advisory group to study the delivery of health care through PCMH's. **As of this date the advisory committee group has not been formed. (07/15/15)**
- Department is to post links to national recognition bodies on the internet to help patients choose PCHM providers.

Patient-Centered Medical Home

Next Steps:

- Inform new advisory committee on SIM objectives and research to date.
- Create a Multi-payer collaborative to affirm an aligned Value-based incentive funding approach that:
 - Reimburses Fee-for-service, provides payment based on a Per-Member-Per-Month (PMPM) basis for coordination of care, and provides payment on an annual basis based on a value-based purchasing structure incentivizing quality improvement.
- Review and submit Medicaid financing options that allow for PCMH reimbursement approach.

Patient-Centered Medical Home

- Develop a State Plan Amendment (SPA) that includes language describing the approach to reimburse the PMPM and quality incentive payment.

Questions to Consider:

- What policy or administrative rules may pose as barriers to becoming a PCMH?
- What type of support can be offered to help practices become recognized PCMH?

Paramedicine

Passage of AB305 – Defines Community Paramedicine Services

- Defines Community Paramedicine Services as:
 - Services provided by an emergency medical technician, advanced emergency medical technician, or paramedic to certain patients who do not require emergency medical transportation and provided in a manner that is integrated with the local and regional health care and social service resources available in the community.
- Allows licensed ambulance, air ambulance and firefighting agencies to qualify for an endorsement on their permits to allow personnel to provide community paramedicine services.
- Current projects can be used to progress this initiative – REMSA, Humbolt General EMS Community Paramedicine Services.

Paramedicine

Next Steps:

- Law requires that the state and district health department determine:
 - Application process
 - Define training and continuing education requirement
 - Qualifications and proof of qualifications
 - Scope of the services that may be provided
- Law requires quarterly reports:
 - Types of services provided
 - Number of patients
 - Impact of services
- Determine whether paramedicine should be a component of the PMPM PCMH reimbursement.

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Community Health Worker

Passage of SB498 – Defines a community health worker

- Defines a community health worker as:
 - A natural person who lives in or has a connection to the community in which he or she provides services and
 - Trained by a provider of health care to provide certain services which do not require the CHW to be licensed.
 - Provides services at the direction of a facility which may include outreach and coordination of health care.
- Defines a community health worker pool as:
 - A person or agency which provides the services of community health workers to any natural person, medical facility, or facility for the dependent.
 - Requires licensure from DHH for the community health worker pool

Community Health Worker

- Requires reporting of the community health worker pool

Next Steps:

- Review and submit Medicaid financing options that allow for CHW reimbursement approach.

Telehealth

Passage of AB292 – Recognizes and defines telehealth

- Telehealth is defined as:
 - A mode of delivering health services using information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail, to enable diagnosis, consultation, treatment, care management and provision of information to patients from providers of health care at other locations.
- Distant site is defined as:
 - The location of the site where a telehealth provider of health care is providing telehealth services to a patient located at an originating site.
- Originating site is defined as:
 - The location of the site where a patient is receiving telehealth services from a provider of health care located at a distant site.

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Prepared by Myers and Stauffer

Telehealth

- Telepharmacy is defined as:
 - A pharmacy; or an office of a dispensing practitioner, that is accessible by a remote site or a satellite consultation site electronically, telephonically or by fiber optics , including, without limitation, through telehealth, from within or outside this State or the United States.
- Bill requires valid State licensure or certificate to practice, along with a special purpose license of the provider of telehealth services.
- It excludes employed or contracted entities that are operating under contract with urban Indiana organizations.
- It requires that Medicaid cover and pay for the expenses for services provided to a person through telehealth to the same extent as though provided in person or by other means.

Telehealth

- Prohibits a health care provider from being required to obtain additional written health care consent for these services.
- Every policy of insurance issued pursuant to chapters 616A to 617, inclusive, of NRS must include coverage for services provided to an employee through telehealth to include coverage for services provide to an employee through telehealth to the same extent as though provided in person or by other means.
- Authorizes a hospital to provide staff privilege to certain providers of health care to provide services through telehealth.
- Requires the Commissioner of Insurance to consider health care services that may be provided by providers through telehealth when evaluating network plans.

Telehealth

Question to consider?

- What additional policy/regulatory changes are key to addressing insurance coverage and reimbursement recognition?

Interstate License Pact

Passage of SB251 – This bill ratifies the Interstate Medical Licensure Compact.

- If a physician or osteopathic physician is licensed in this State, the Compact provides for reciprocal licensure for that physician or osteopathic physician in all other member states of the Compact.
- The purpose of the Compact is to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process which allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients.
- Compact affirms that the practice of medicine occurs **where the patient is located at the time of the physician-patient encounter**, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located.

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Interstate License Pact

- If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status.
- Creates an Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

Interstate License Pact

- The application is \$50 and takes between 6-8 weeks from application to licensure.
- States that have ratified the Compact –
 - Idaho,
 - Montana
 - Utah
 - South Dakota
 - Wyoming
 - West Virginia
 - Alabama
 - Minnesota

Next Steps:

- Ensure that Nevada providers are given the opportunity and awareness required to participate.

Peer Support

Passage of AB489 – Defines peer support

- Peer support services is defined as:
 - Supportive services relating to mental health, addiction or substance abuse which:
 1. Do not require the person offering the supportive services to be licensed.
 2. Are offered to a person in need of such services.
 3. May include, without limitation:
 - (a) Helping to stabilize such a person;
 - (b) Helping such a person with recovery;
 - (c) Helping such a person to access community-based behavioral health care;
 - (d) Assisting such a person during a crisis situation or an intervention;
 - (e) Providing assistance with preventive care;
 - (f) Providing strategies and education relating to the whole health needs of such a person; and
 - (g) Providing encouragement, peer mentoring and training in self-advocacy and self-direction to such a person.

Peer Support

- Requires that peer support recovery organizations obtain licensure from the Division.
- Peer support services have been reimbursed by Medicaid since 2008.

Additional Providers of Health Care

- **Passage of SB84** – expands the definition of “provider of health care” to include (among others) alcohol and drug abuse counselors, social workers, medical facility as the employer of any of the above

Health Information Exchange

- **Passage of SB48** – eliminates the requirement that the Director of the DHH establish a state wide health information exchange system.
- Revises the definition of HIE.

Major Influencers to the Supply of Health Care Workers/ Policy Levers

- Barriers to increasing the number of physicians include:
 - Health workforce education/training, and undergraduate medical education (UME).
 - Health professionals licensing and regulation.
 - Higher Education – not enough spots for all applicants, faculty shortages, budgetary constraints.
 - Med school graduates denied entry into a residency program due to the current cap on the number of residencies that the federal government finances through the graduate medical education (GME) program.

Discussion