

Testimony
Department of Human Services
Health Services Committee
Senator Judy Lee, Chairman
July 31, 2013

Chairman Lee, members of the Health Services Committee, I am Cindy Sheldon, Deputy Director of the Medical Services Division for the Department of Human Services. I am here to provide information regarding Community Paramedics.

The Medical Services Division understands that a Community Paramedic has advanced Emergency Medical Technician (EMT) skills that encompass preventative and primary medicine. The Community Paramedic model has been utilized in assisting with medical professional shortages in the rural areas of states and filling 'downtime' between EMT runs.

A January 2012 legislative report prepared by the Minnesota Department of Human Services indicates that there is no standard list of services provided by a Community Paramedic, nor is there a globally accepted scope of practice. In Minnesota, there is a medical facility that trains Community Paramedics. The Minnesota training lists the following roles of the Community Paramedic: health screening assessments, health teaching, immunizations, disease management, screening for mental health issues and referral, wound care, and safety programs.

In 2011, legislation was passed in Minnesota to allow the coverage of Community Paramedic services under Medical Assistance. Minnesota has received approval for a State Plan Amendment submitted to the Centers for Medicare and Medicaid Services (CMS). At this time, there is no state in our region that has sought or received approval for Community Paramedic services under Medical Assistance.

In Minnesota, the services that are authorized are based on an individual care plan created by the primary care provider in consultation with the Medical Director of the ambulance service. The services may include: health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the Community Paramedic under the care plan must be coordinated with the services received by the recipient from other community providers in order to prevent any duplication of services. Please reference the copy of the Minnesota State Plan Amendment, which is attached.

For North Dakota Medicaid to enroll and provide payment for services rendered by Community Paramedics, the Department must submit a State Plan Amendment to the CMS. After the amendment is approved, each Community Paramedic would be required to enroll as a provider with North Dakota Medicaid.

I would be happy to answer any questions you may have.

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ATTACHMENT 4.19-B
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Supersedes: 12-07 (12-10, 11-02, 10-06, 09-25, 09-20, 08-17, 07-12, 07-08, 07-09, 07-06, 06-19)

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere (continued).

(2)(a) Primary care component is provided by a ~~non-psychiatrist~~ physician:

- CPT code 99499 HE AG facility component \$24.39
- CPT code 99499 HE AG non-facility component \$35.77

(b) Psychiatric consultation component provided by a psychiatrist:

- 99499 HE AM Facility component \$51.03
- 99499 HE AM Non-facility component \$67.91

In-reach care coordination services shall be paid the lower of:

- Submitted charge; or
- \$9.54 per 15 minute unit

Community paramedic services shall be paid the lower of:

- Submitted charge; or
- \$15.00 per 15 minute unit

Effective July 1, 2010, one one-month payment per recipient with 1-3 major chronic conditions receiving Group 1 health care home services, is the lower of:

- Submitted charge; or
- \$10.14.

Effective July 1, 2010, one one-month payment per recipient with 4-6 major chronic conditions receiving Group 2 health care home services, is the lower of:

- Submitted charge; or
- \$20.27.

Effective July 1, 2010, one one-month payment per recipient with 7-9 major chronic conditions receiving Group 3 health care home services is the lower of:

- Submitted charge; or
- \$40.54

Effective July 1, 2010, one one-month payment per recipient with 10 or more major chronic conditions receiving Group 4 health care home services is the lower of:

- Submitted charge; or
- \$60.81.

For each of the Groups 1-4 above, the payment rates listed will be increased by 15% if either of the following apply to the recipient:

- The recipient (or caregiver of a dependent recipient) uses a primary language other than English to communicate about their

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ATTACHMENT 3.1-A
Page 19e

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5.a. Physicians' services (continued):

Community Paramedic Services:

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months, or an individual who has been identified by the individual's primary health care provider for whom community paramedic services would likely prevent admission to or would allow discharge from a nursing facility or would likely prevent readmission to a hospital or nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

A community paramedic must be certified in accordance with Minnesota Statutes, section 144E.28.

The services specified below are **not** covered services for purposes of medical assistance payment:

1. Surgery performed on the wrong patient;
2. Surgery performed on the wrong body part that is not consistent with the documented informed consent for that patient;
3. Performing the wrong surgical procedure on a patient that is not consistent with the documented informed consent for that patient; or
4. Physicians' services related to hospital-acquired conditions or treatment as defined in Attachment 4.19-A, Sections 2.0 and 12.3, for which hospital reimbursement is prohibited, if the physicians' services were provided by a physician who delivered care that contributed to or caused the adverse health care event or hospital-acquired condition.