Chairman Lee, members of the Health Services Committee, I am Julie Schwab, Director of Medical Services for the Department of Human Services (Department). I appear before you to provide information relating to the bill draft and estimated funding required for Medicaid reimbursement of Community Paramedic Services.

For Medicaid coverage of services of Community Paramedics, the Department recommends that services authorized be based on an individual care plan created by the primary care provider in consultation with the medical director of the ambulance service.

Conditions for authorization of services could be limited to circumstances such as: recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 months; for recipients who have been identified by the individual's primary care provider as someone whom community paramedic services would likely prevent admission to, or would allow discharge from, a nursing facility; or for recipients to prevent readmission to a hospital or nursing facility.

According to Medicaid coverage in other states, 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
procedures. Services 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.

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 Center for Medicare and Medicaid Services to gain federal approval. After the amendment is approved, Community Paramedics would need to enroll as providers with North Dakota Medicaid in order to bill for covered services.

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