



**MYERS AND  
STAUFFER** LC  
CERTIFIED PUBLIC ACCOUNTANTS

# STATE OF MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF MAINECARE SERVICES

## Community Paramedicine Reimbursement Research Report

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DEDICATED TO GOVERNMENT HEALTH PROGRAMS



### Overview

This document contains a summary of the research conducted by Myers and Stauffer LC regarding community paramedicine services in other states. There are several states that have implemented, or appear to be in the process of implementing, Medicaid coverage and reimbursement of community paramedicine. Minnesota and Nevada appear to be the only states thus far that have Medicaid coverage and reimbursement for these services.

States that have implemented or are pursuing implementation of community paramedicine programs have first authorized these services and defined the scope of practice of the professionals in state law and/or regulation. Because community paramedic services are not emergency services, they are not typically encompassed by current state law or regulation for emergency medical services. Minnesota law at Minn. Stat. § 144E.28 establishes educational and experience requirements one must meet to be certified as a community paramedic and defines their scope of practice. Nevada Revised Statutes (NRS) 450B.199 authorizes the Nevada Board of Health to adopt regulations governing the qualifications, educational requirements, and scope of practice of a community paramedic. Other states have also initiated legislation pertaining to community paramedicine, including:

- Arkansas (90th General Assembly, Regular Session, House Bill 1133)
- Missouri (Mo. Rev. Stat. § 190.098.1)
- Nebraska (104th Legislature, First Session, Legislative Bill 543)
- North Dakota (64th Legislative Assembly, Regular Session, Senate Bill No. 2043)

As follows are certain key elements of community paramedicine programs in other states.

### 1. Medicaid Coverage and Reimbursement and Federal Funding

Minnesota and Nevada have CMS-approved Medicaid state plan amendments for community paramedicine services. In both states' Medicaid state plans, the services are covered as physician services. This appears to be the approach by which CMS will approve Medicaid coverage of these services and make FFP available. In order to include the service as a physician service, there must be physician supervision and oversight of the community paramedic's services, and the physician must bill for the services.

CMS has indicated that a state's first step should be to initiate dialog with the CMS coverage team to obtain technical assistance before submitting a state plan amendment. CMS will seek to ensure the services are clearly defined, do not supplant existing Medicaid services (such as home health services), and are appropriately supervised because the community paramedic cannot be an independent service provider.



## 2. Community Paramedicine Services

Based on our research, below are the types of services included in other state service definitions. This table and subsequent tables represent a sample of states and are not intended to be exhaustive lists of states that have implemented or are pursuing implementation of community paramedicine programs.

State	Community Paramedicine Services
<b>Arkansas</b>	<ul style="list-style-type: none"><li>• Coordination of community services</li><li>• Chronic disease monitoring and education</li><li>• Health assessment</li><li>• Hospital discharge follow-up care</li><li>• Laboratory specimen collection</li><li>• Medication compliance.</li></ul>
<b>Florida</b>	<ul style="list-style-type: none"><li>• Health promotion and wellness activities</li><li>• Blood pressure screenings</li><li>• Immunizations.</li></ul>
<b>Minnesota</b>	<ul style="list-style-type: none"><li>• Chronic disease monitoring and education</li><li>• Health assessments</li><li>• Hospital discharge follow-up care</li><li>• Immunization and vaccinations</li><li>• Laboratory specimen collection</li><li>• Medication compliance</li><li>• Minor medical procedures</li></ul>
<b>Nebraska</b>	<ul style="list-style-type: none"><li>• Chronic disease monitoring and education</li><li>• Health assessment</li><li>• Hospital discharge follow-up care</li><li>• Immunizations and vaccinations</li><li>• Laboratory specimen collection</li><li>• Medication compliance</li><li>• Minor medical procedures</li></ul>
<b>Nevada</b>	<ul style="list-style-type: none"><li>• Disease prevention, monitoring and education</li><li>• Evaluation/health assessments</li><li>• Home safety assessment</li><li>• Hospital discharge follow-up care</li><li>• Immunization and vaccinations</li><li>• Laboratory specimen collection and point of care lab tests</li><li>• Medication compliance</li><li>• Minor medical procedures</li><li>• Telehealth originating site</li></ul>



### 3. Target population

Some states specify the targeted population for community paramedicine services. States that have described specific populations to receive these services are listed below.

State	Target Population
<b>Arkansas</b>	An individual identified by the individual's treating physician as an individual for whom community paramedic services would likely: (1) Prevent admission to or allow discharge from a nursing facility; or (2) Prevent readmission to a hospital or nursing home.
<b>Minnesota</b>	Recipients who: (1) Receive hospital emergency department services three or more times in four consecutive months within a twelve month period; (2) Are identified by their primary care provider of being at risk of nursing home placement; (3) May require set up of services for discharge from a nursing home or hospital; (4) May require services to prevent readmission to a nursing home or hospital
<b>Nebraska</b>	An individual who has received services at a hospital emergency department three or more times in a period of four consecutive months in the past twelve 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 a nursing facility.
<b>Nevada</b>	Underserved communities

### 4. Oversight of Community Paramedic Services

As described above, oversight of the community paramedic's services by a physician appears to be a requirement for CMS approval of Medicaid coverage of these services under the physician benefit of the state plan. Below are the ways other states have described the oversight of community paramedic services.

State	Oversight of Community Paramedic Services
<b>Arkansas</b>	A community paramedic may provide services as directed by a patient care plan after the plan has been developed, approved, or both by the patient's physician in conjunction with the community paramedic service's medical director.
<b>Florida</b>	Paramedics or emergency medical technicians may perform [services] within the scope of their training and under the direction of a medical director.
<b>Minnesota</b>	A community paramedic must practice in accordance with protocols and supervisory standards established by an ambulance service medical director. A community paramedic may provide services as directed by a patient care plan if the plan has been developed by the patient's primary



	physician or by an advanced practice registered nurse or a physician assistant, in conjunction with the ambulance service medical director and relevant local health care providers.
<b>Nebraska</b>	A community paramedic shall practice in accordance with protocols and supervisory standards established by a physician medical director. A community paramedic may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician or by an advanced practice registered nurse or a physician assistant, in conjunction with the physician medical director and relevant local health care providers.
<b>Nevada</b>	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.

## 5. Coordination with Other Services

Most states require coordination of community paramedicine services with other existing services. This is likely an area of focus for CMS in approving Medicaid state plan amendments to ensure these services to not encroach on or replace existing services, such as home health services.

State	Coordination with Other Services
<b>Arkansas</b>	Patients must be screened for home health or hospice services and either (a) do not qualify for home health or hospice services, or (b), are documented as having declined home health or hospice services.
<b>Minnesota</b>	The care plan must ensure that the services provided by the community paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient. Either the primary care provider or the 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.
<b>Nebraska</b>	The care plan shall ensure that the services provided by the community paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary services, and that there is no duplication of services to the patient. The care plan shall ensure that the community paramedic services provided by a community paramedic are coordinated with other community health providers and local public health agencies and that community paramedic services do not duplicate services already provided to the patient, including home health and waiver services.



<b>Nevada</b>	Either the primary care provider (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.
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## 6. Community Paramedic Licensure/Certification, Experience, and Education Requirements

This section contains a sample of other state policies on community paramedic licensure or certification, experience, and education requirements.

### 6.a. Licensure/Certification and Experience Requirements

State	Licensure/Certification and Experience
<b>Arkansas</b>	Be currently licensed as a paramedic and have 2 years of full-time service as a paramedic.
<b>Minnesota</b>	Certified as a paramedic and have two years of full-time service as a paramedic or its part-time equivalent.
<b>Nebraska</b>	Be licensed as a paramedic under the Emergency Medical Services Practice Act and have two years of full-time service as a paramedic or its part-time equivalent.
<b>Nevada</b>	Must be licensed/certified within the state of Nevada as a Emergency Medical Technician (EMT); Advanced Emergency Technician (AEMT); or Community Paramedic. Must have a community paramedicine certification from the Nevada Division of Public and Behavioral Health, Office of Emergency Medical Services; or the Southern Nevada Health District's Board of Health.

### 6.b. Education Requirements

State	Education
<b>Arkansas</b>	Successfully complete a community paramedic training program from an accredited college or university approved by the Department of Health. Educational requirements are: A minimum of three hundred (300) hours of classroom and clinical education as 24 follows: (1) Clinical experience that is provided under the supervision of a community paramedic service medical director, advanced practice registered nurse, physician assistant, or home health nurse; and (2) Areas of clinical experience including at a minimum: (A) Emergency department services; (B) Home health services; (C) Hospital case management; and (D) Public health agencies services.
<b>Minnesota</b>	Successfully complete a community paramedic education program from a college or university that has been approved by the board or accredited by a board-approved national accreditation organization. The education program must include clinical experience that is provided under the



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	supervision of an ambulance medical director, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government.
<b>Nebraska</b>	Have successfully completed a community paramedic education program from a college or university that has been approved by the board or accredited by a board-approved national accreditation organization. The education program shall include clinical experience that is provided under the supervision of a physician medical director, advanced practice registered nurse, physician assistant, or public health nurse operating under the direct authority of a local unit of government.

## 7. Medicaid Billing and Reimbursement

Below are the Medicaid billing and reimbursement policies for two states with established community paramedicine reimbursement methodologies and rates.

State	Billing and Reimbursement
<b>Minnesota</b>	The Medicaid-enrolled medical director of the ambulance service employing the community paramedic must bill the community paramedic services. Services are billed using procedure code T1016 with modifier U3. Community paramedic services shall be paid the lower of the submitted charge or \$15.00 per 15 minute unit.
<b>Nevada</b>	The Medical Director of the EMS agency providing community paramedicine services must be an enrolled Nevada Medicaid Provider. Payment for community paramedicine services will be the lower of billed charges or the following Medicine codes and Evaluation and Management codes, reimbursed at 63% of the Medicare non-facility rate: 90460, 90471-90474, 99341-99345, 99347-99350.