Population Health Community Paramedicine Program

HRSA Rural Health Network Development
Award no. D06RH31058
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About Us

• Lead Grantee: William Bee Ririe Hospital in Ely, NV – located on “the loneliest road in America”

• Nevada Rural Hospital Partners (NRHP) is a consortium of 12 Critical Access Hospitals (CAHs) in frontier and rural Nevada

• Network members include:
  • Humboldt General Hospital – Winnemucca, NV
  • Mt. Grant General Hospital – Hawthorne, NV
What “Program to Policy” Means To Us

- NOT LOBBYING!
  - Byrd Amendment (HRSA), 45 C.F.R. Part 93: [https://www.ecfr.gov/cgi-bin/text-idx?SID=27f01f4de03640bce17b796b7075e20d&mc=true&node=pt45.1.93&rgn=div5](https://www.ecfr.gov/cgi-bin/text-idx?SID=27f01f4de03640bce17b796b7075e20d&mc=true&node=pt45.1.93&rgn=div5)
  - Uniform Guidance §200.450: [https://www.ecfr.gov/cgi-bin/text-idx?SID=27f01f4de03640bce17b796b7075e20d&mc=true&node=pt45.1.93&rgn=div5](https://www.ecfr.gov/cgi-bin/text-idx?SID=27f01f4de03640bce17b796b7075e20d&mc=true&node=pt45.1.93&rgn=div5)

- We can provide:
  - nonpartisan analysis, study or research reports
  - examinations and discussions of broad social, economic and similar problems
  - information provided upon request for technical advice and assistance

- Implement strategies such as: partnership, engagement, education, workgroups…
How did we get here?

- May 2015: AB305 – NV is 2nd state to recognize community paramedicine (CP)
- October 2015: Medicaid State Plan Amendment (SPA) – Allows for reimbursement of CP services
- November 2016: Grant Application
- January 2017: NV Division of Public & Behavioral Health CP regulations (R068-16)
- July 2017: RHND Award – Target Market = Medicaid Beneficiaries

- “Utilizing Mobile Integrated Healthcare to drive population health management in rural Nevada.”
Program to Policy Timeline

- Compliance Agreements: 2017
- Community Engagement: 2018
- Workaround Letter / Specialty Code: 2018
- Policy Revision: 2019

Program Solutions:
- 2017: Compliance Agreements
- 2018: Community Engagement
- 2019: Policy Revision
- 2020:

Policy Challenges:
- State Regulations for Hospital Licensure: 2018
- Local County Franchise Agreements: 2018
- Nevada Medicaid Enrollment: 2019
- Dually-eligible Medicare / Medicaid Clients: 2019
- Lack of abundant safety-net Resources: 2019
**Challenge:**

- Nevada’s existing CP regulation (R068-16) did not recognize hospitals specifically, only ambulance services
- Need: Get hospitals licensed to provide services

**Program Solution:**

- Stakeholder engagement: state representatives drafted and executed ‘Compliance Agreements’ which allowed hospitals to provide CP

**Strategy:**

- Don’t be paralyzed by one barrier; there will be many!
- Must continue to implement project
Program to Policy Timeline

Compliance Agreements
Community Engagement
Workaround Letter / Specialty Code
Policy Revision

Program Solutions:

2017
2018
2018
2019
2020

Policy Challenges:

State Regulations for Hospital Licensure
Local County Franchise Agreements
Nevada Medicaid Enrollment
Dually-eligible Medicare/Medicaid Clients
Lack of abundant safety-net Resources
Challenge: • Some Nevada counties had existing EMS Franchise Agreements which complicated implementation of hospital-based CP programs

Program Solution: • Community meetings with local EMS providers, stakeholders, and community members to resolve territorial concerns

Strategy: • Engagement/outreach
 • Relationship building
Challenge: Medicaid policy was to enroll individual CP providers under their CP Program group enrollment, but the Fiscal Intermediary system had never before been tested and wasn’t able to enroll individual providers.

Program Solution:
- Medicaid issued a “workaround letter” to providers in January 2019
- Medicaid created a new ‘Specialty Code’ 249 in November 2019

Strategy:
- Be the expert
- Problem solve together
State Level

Challenge:  
• Claim denials for patients who are dually enrolled Medicare and Medicaid Beneficiaries ("Medi/Medi")
• Medicaid policy required Medicare denial each time

Program Solution:  
• Policy Revision to Medicaid Services Manual (MSM) ch.100:
  "It is not necessary to bill the OHC if it is known the specific service provided is not a covered benefit under the OHC policy. In this instance, the provider must note on the claim the date, phone number and name of the person from whom the coverage information on the insurance was obtained and submit the claim to the Medicaid fiscal agent for processing. If the recipient’s OHC is Medicare and the service is not a covered Medicare service, the provider is not required to contact Medicare."

Strategy:  
• Collect and share the data/research that you can – assists all stakeholders
• Break down silos
Local, State, and National Level

Challenge: • The program has identified a lack of community safety-net resources
  • Underserved populations

Program Solution: • TBD

Strategy: • All of the above
Strategies:

- Don’t be paralyzed by one barrier; there will be many!
- Must continue to implement project
- Convene workgroups with your network members and policy leaders – solidifies partnerships
- Be the expert the policy leaders seek out – helps in developing working relationships
- Problem solve together (collaborative approach)
- Collect and share the data/research that you can – assists all stakeholders
- Break down silos

“How to achieve impact without influencing”
Thank You

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