



# 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

### Nevada





# 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>
  - See HHS Grants Policy Statement on Lobbying: <https://www.hhs.gov/grants/grants/grants-policies-regulations/lobbying-restrictions.html>
  - Uniform Guidance §200.450: <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...

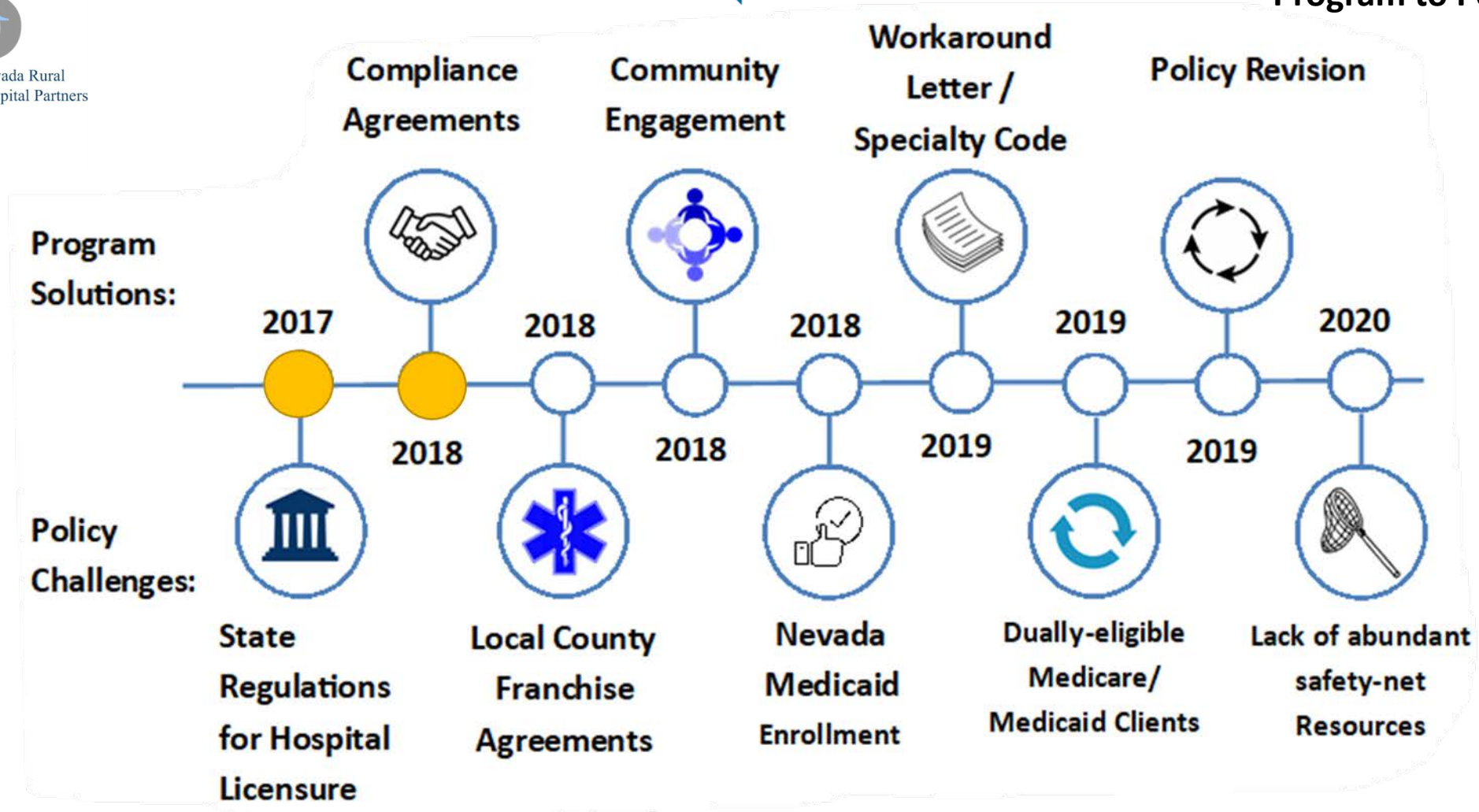


## How did we get here?

- May 2015: AB305 – NV is 2<sup>nd</sup> 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



*State Level*

- 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

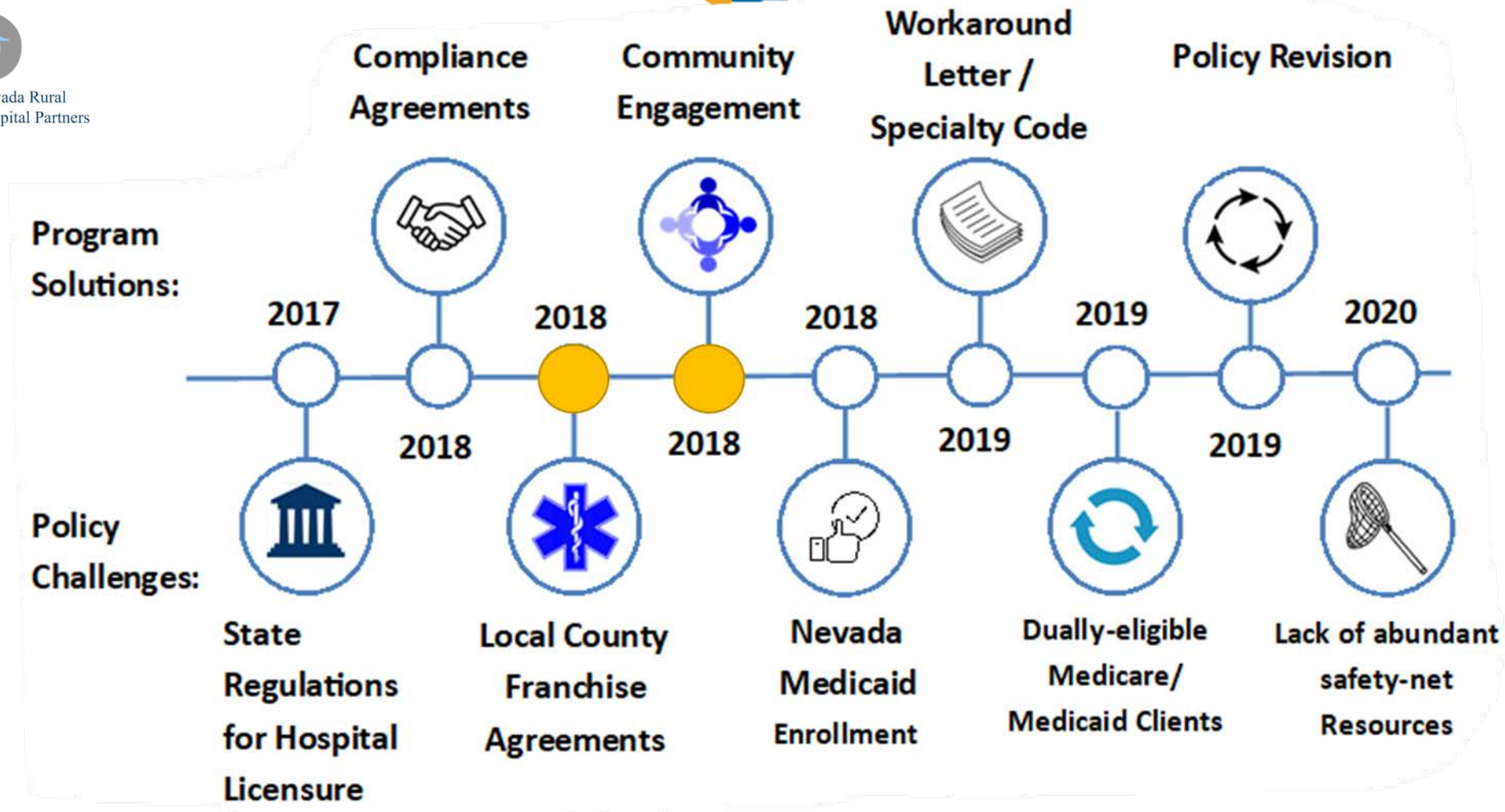
# RURAL PARTNERSHIP



# DEVELOPMENT MEETING



## Program to Policy Timeline





## *Local Level*

**Challenge:** • Some Nevada counties had existing EMS Franchise Agreements which complicated implementation of hospital-based CP programs

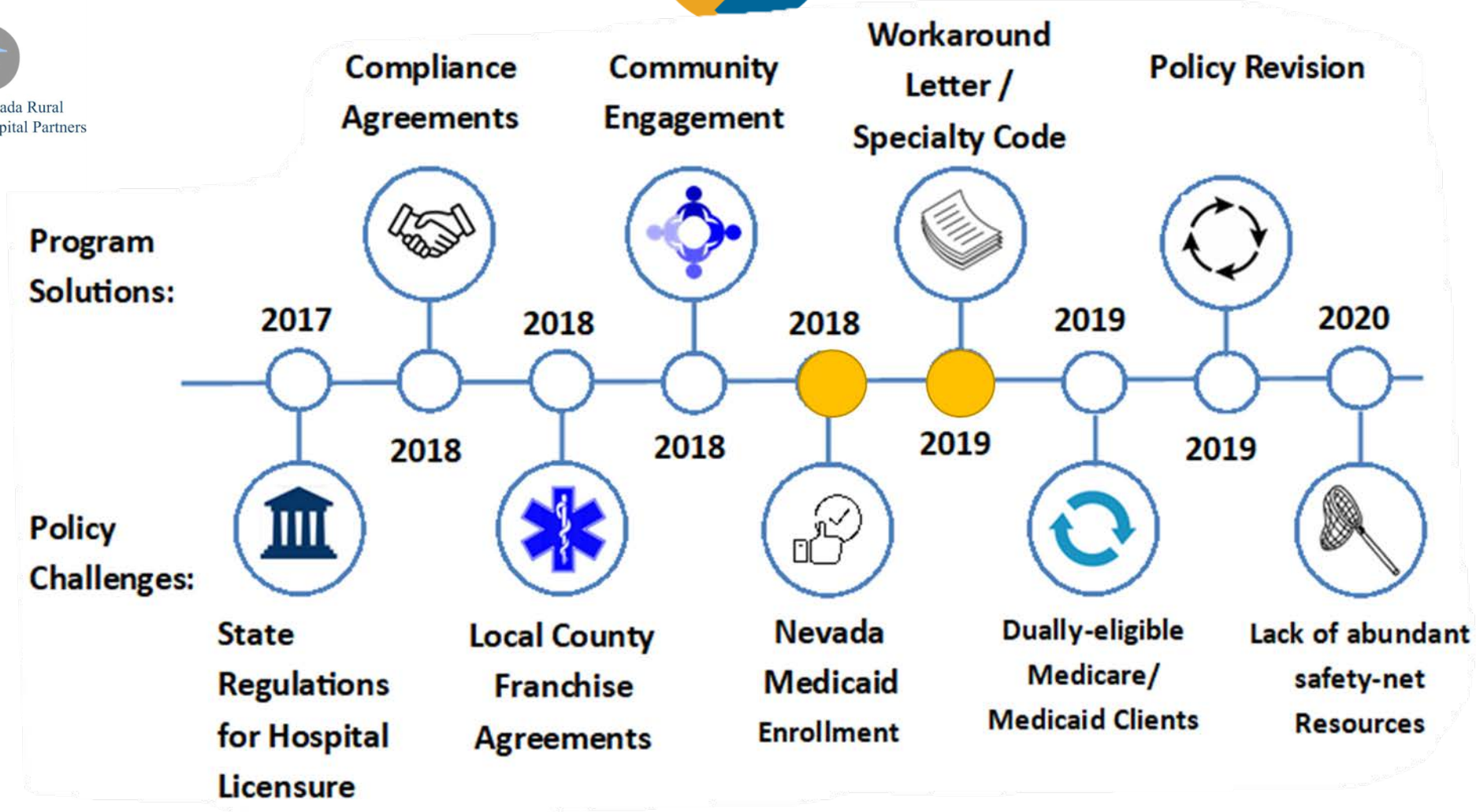
**Program Solution:** • Community meetings with local EMS providers, stakeholders, and community members to resolve territorial concerns

**Strategy:** • Engagement/outreach  
• Relationship building





## Program to Policy Timeline





## *State Level*

**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

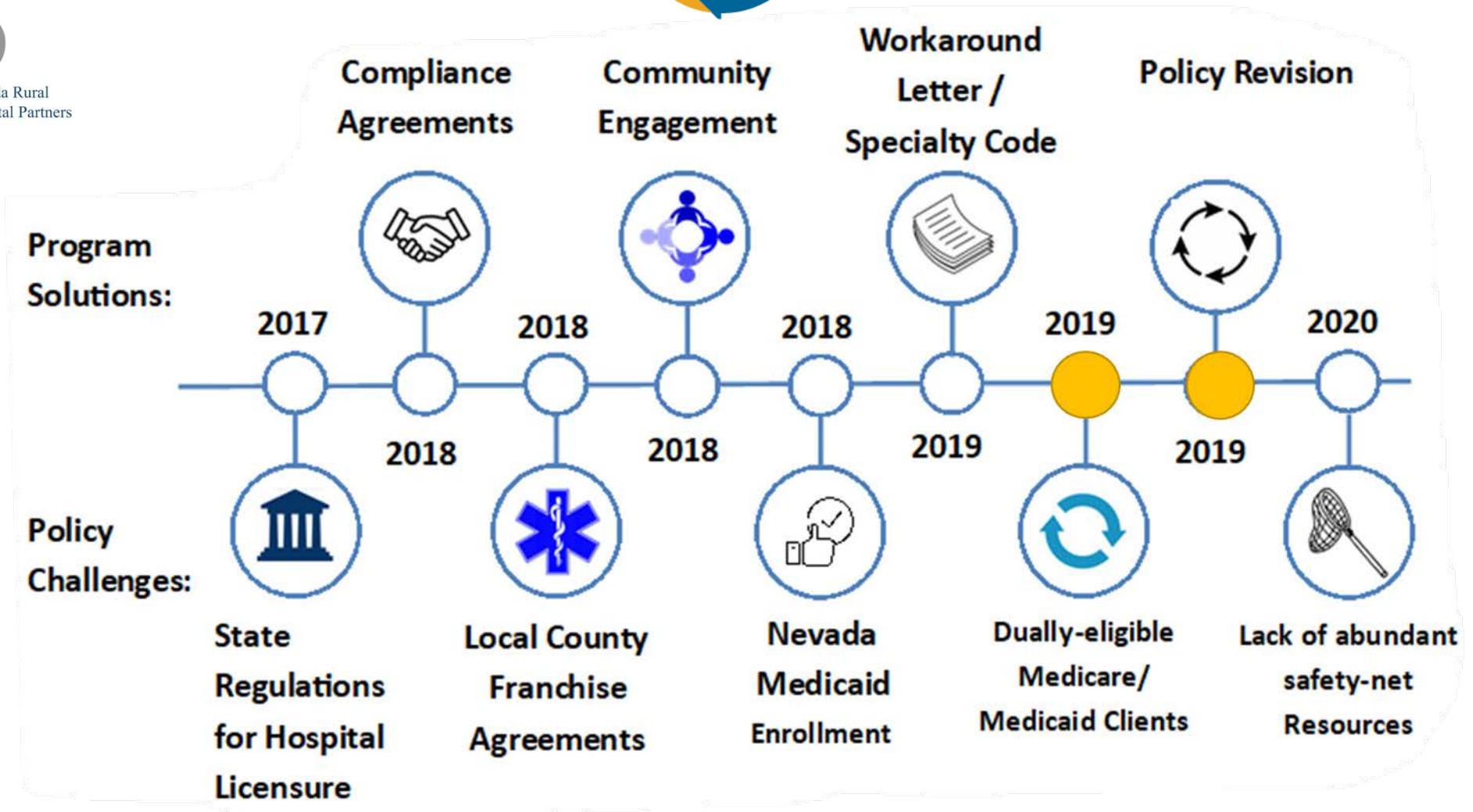
# RURAL PARTNERSHIP



# DEVELOPMENT MEETING



Program to Policy Timeline





## *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:

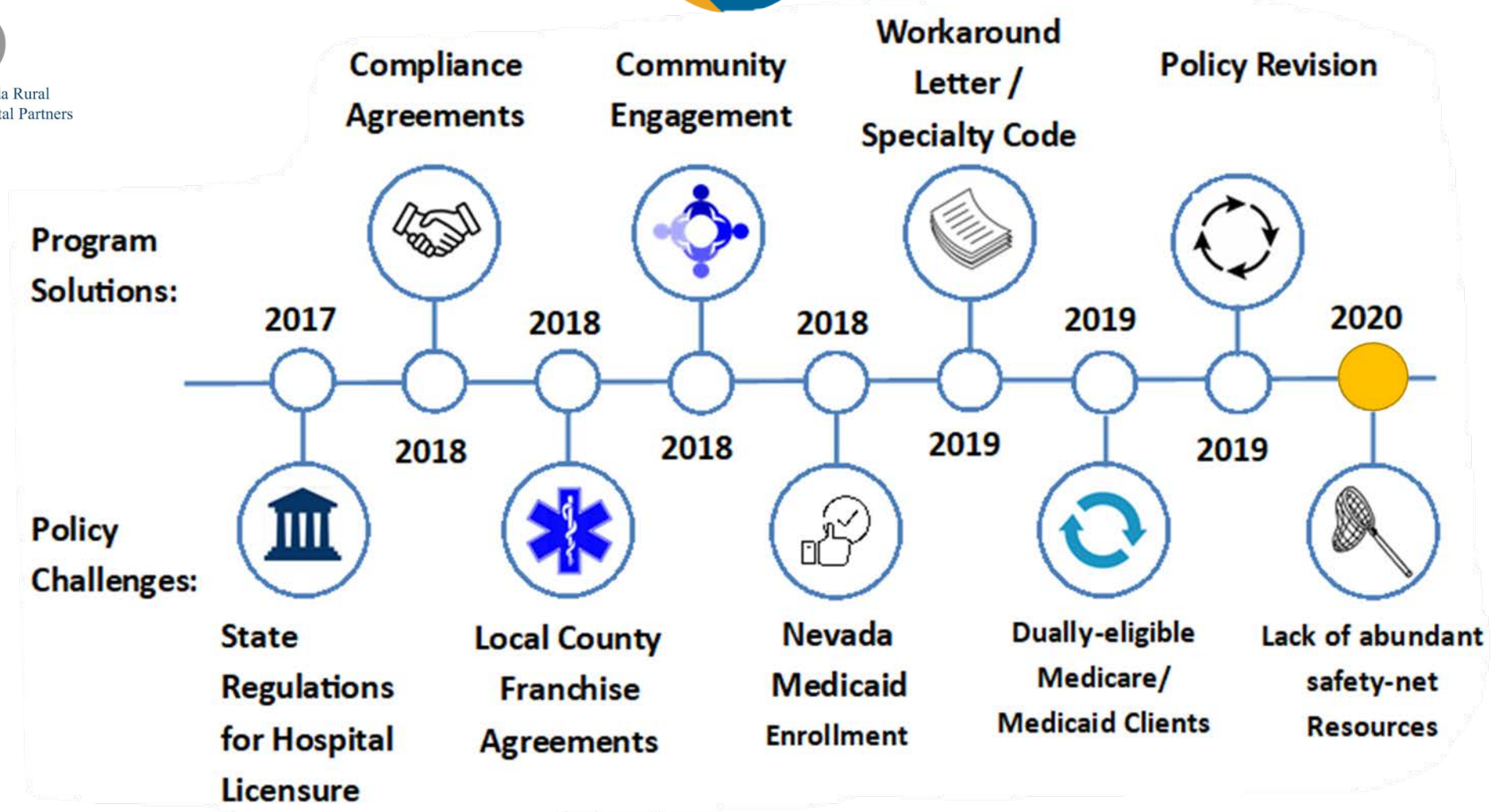
*“It is not necessary to bill the OHC if it is known the specific service provided is not a covered benefit under the OHC policy. In this instance, the provider must note on the claim the date, phone number and name of the person from whom the coverage information on the insurance was obtained and submit 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



## Program to Policy Timeline





*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:

“How to achieve impact without influencing”

- 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



# Thank You

Contact us:

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