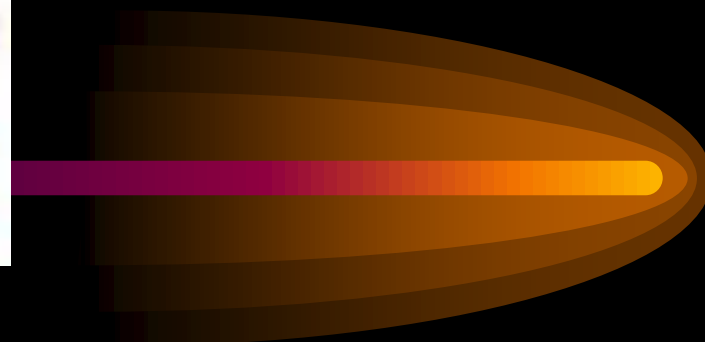




*Kevin McGinnis
Program Manager
Rural EMS and
Community Paramedicine
National Association of State EMS Officials*



**2013-2016
Community Paramedicine – Mobile
Integrated Healthcare:
Assessment of State and
State EMS Office Status**

**And
And 2019 Survey Update**

NASEMSO.ORG > [Committees](#) > [CP-MIH](#) >
[Documents and Resources](#)

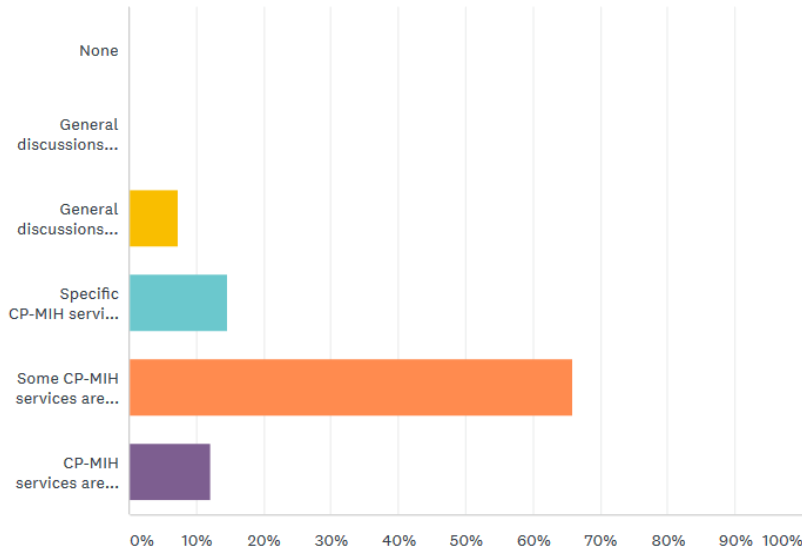
Mobile Integrated Healthcare & Community Paramedicine

A National Survey



What statement best represents the maturity of CP-MIH planning and development activities occurring in your state (statements meant to show greater maturity going from top to bottom)?

Answered: 41 Skipped: 2



2018-19 Survey

In 2015, **54%** reported some or widespread CP being provided and **8%** of states reported no CP activity

2018-19: **78%** and **0%**
Plus 15% Planned

ANSWER CHOICES	RESPONSES	
None	0.00%	0
General discussions only occurring at local level only	0.00%	0
General discussions only occurring at state and local levels	7.32%	3
Specific CP-MIH services are being planned at local level	14.63%	6
Some CP-MIH services are being provided	65.85%	27
CP-MIH services are widespread	12.20%	5
TOTAL		41

- Update 2014 MIH-CP Survey
- Identify any trends with program development/implementation
- Identify best practices and challenges

2009 = 4 Programs

2014 = 160 Programs

2017 = 230 Programs

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)



Insights on the development and characteristics of these innovative healthcare initiatives, based on national survey data

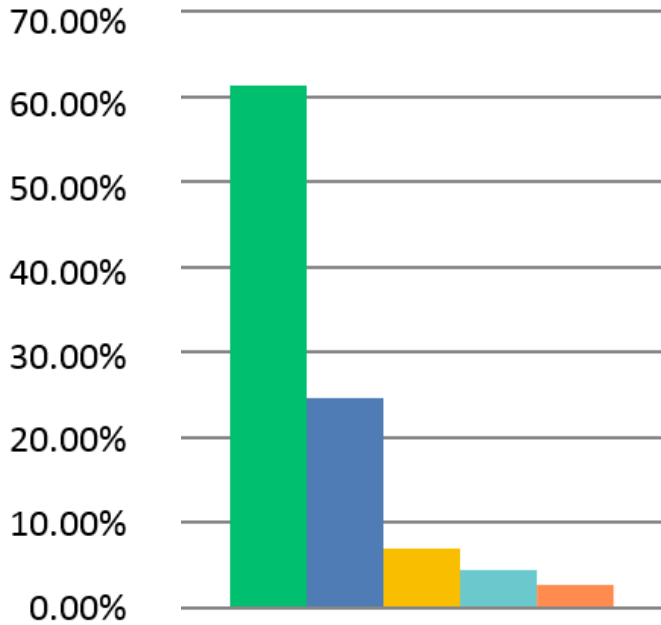
Presented by the National Association of
Emergency Medical Technicians

NAEMT 
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naemt.org

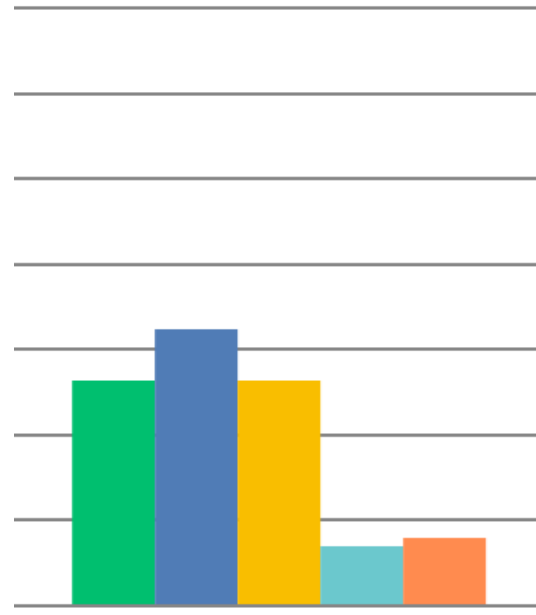
Sponsored by **ZOLL** | **AEMed** | **PHILIPS**

- Currently No Universal Funding Provisions
 - Start-ups:
 - Self-funded; Utilize “Excess Capacity”
 - Grants
 - Funding/Reimbursement
 - Medicaid Policy Evolution
 - Hospital/Health System/ACO
 - Medicare Waivers
 - New: Third Party Payers

As “Suppliers”: No Transport -> No Pay



Reimbursement/funding issues are a significant obstacle to sustaining or growing my MIH-CP program.

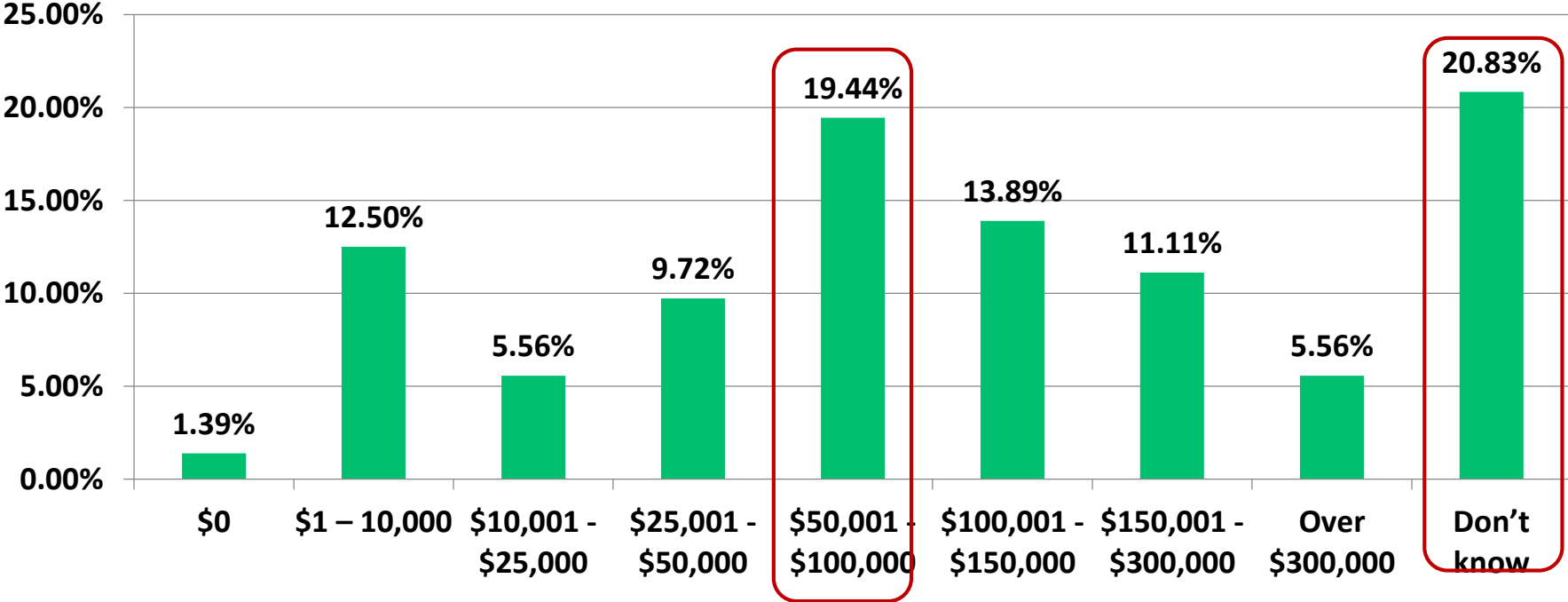


MIH-CP will continue to grow as a source of revenue for my EMS agency.

- Strongly Agree
- Somewhat Agree
- Neutral
- Somewhat Disagree
- Strongly Disagree

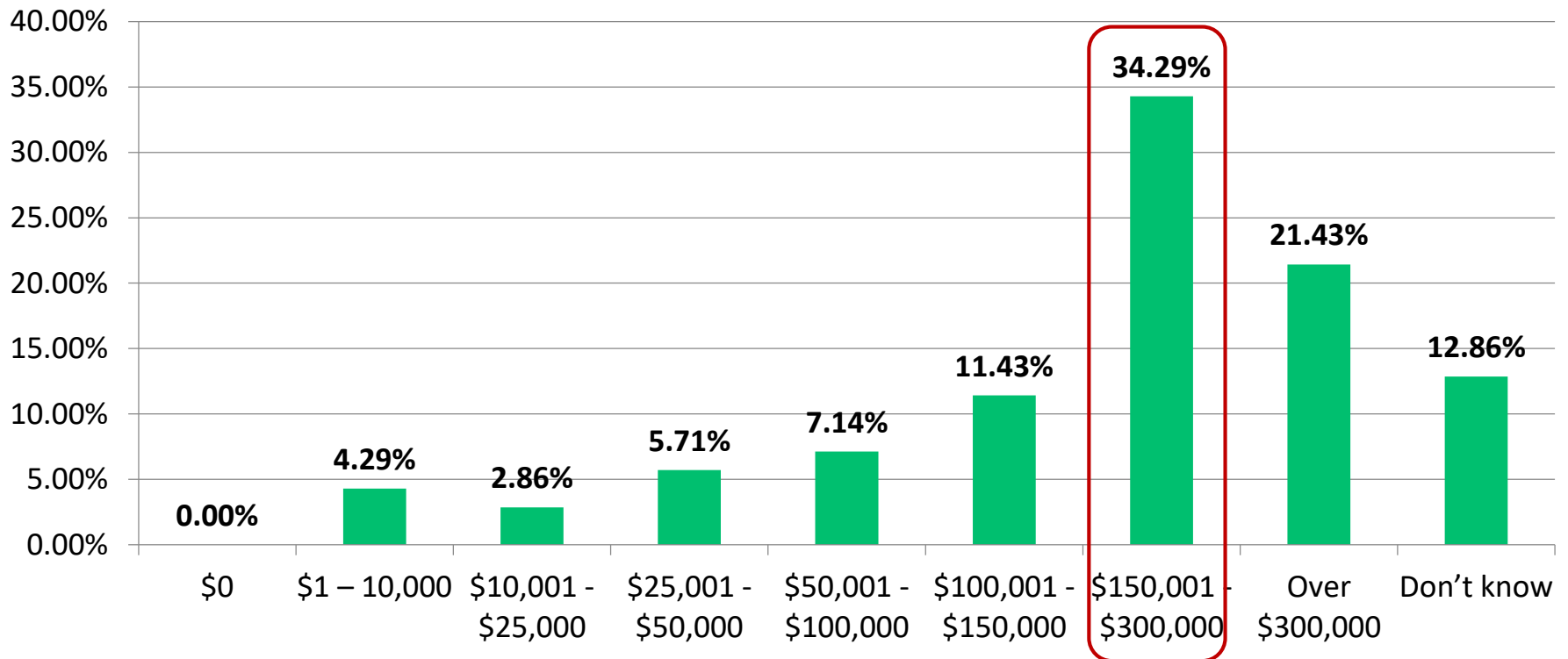
Cost to Implement

What was the initial development cost of your MIH or CP program?



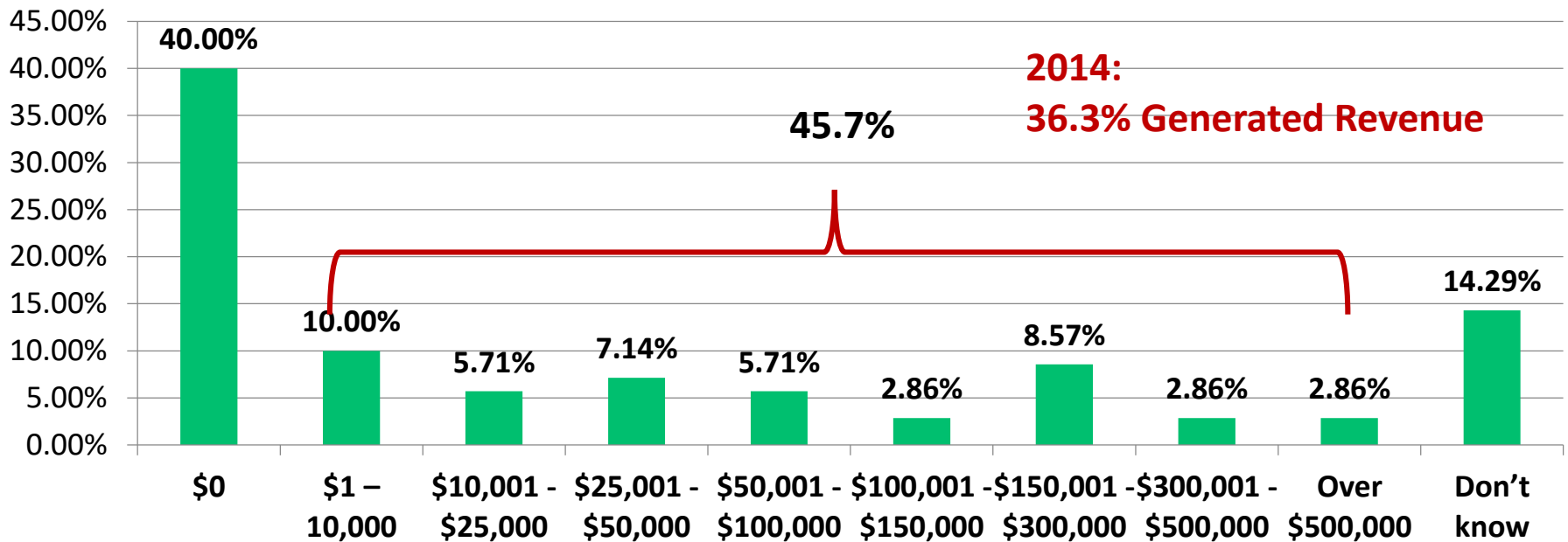
Most programs cost \$150,000 - \$300,000

What is the annual cost of operating your MIH or CP program?



Many Generating Revenue

What is the annual revenue that your MIH or CP program generates for your agency, excluding grant support?

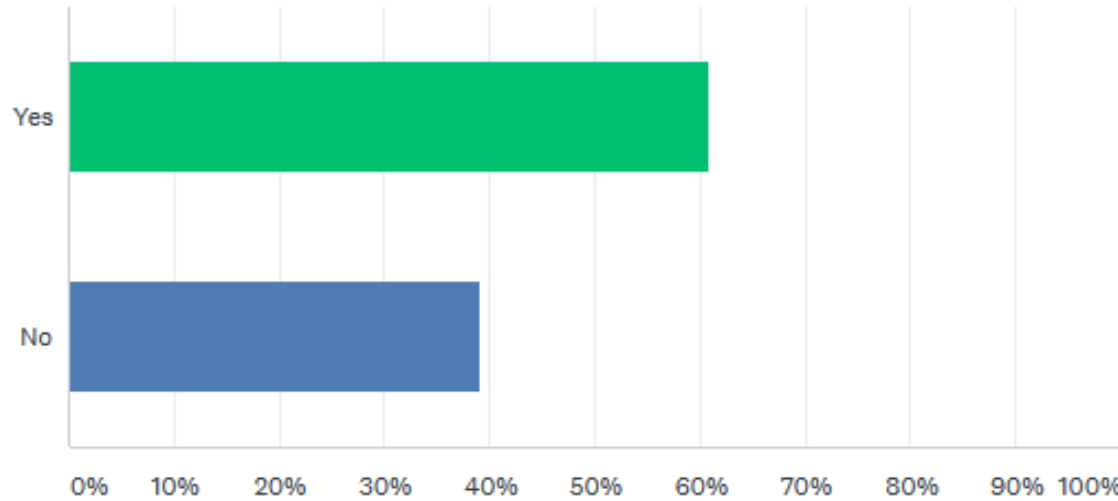


Types of Payments...

Answer Choices	Responses	
Fee for service	32.86%	23
Fee per patient	17.14%	12
Fee for enrollment	10.00%	7
Shared savings with partner organizations	14.29%	10
Capitated/population-based payment	11.43%	8
Grant funding	37.14%	26
No payments currently being received	27.14%	19
Other (please specify)	22.86%	16

Is there activity to try to use Medicaid to reimburse CP-MIH services?

Answered: 41 Skipped: 2



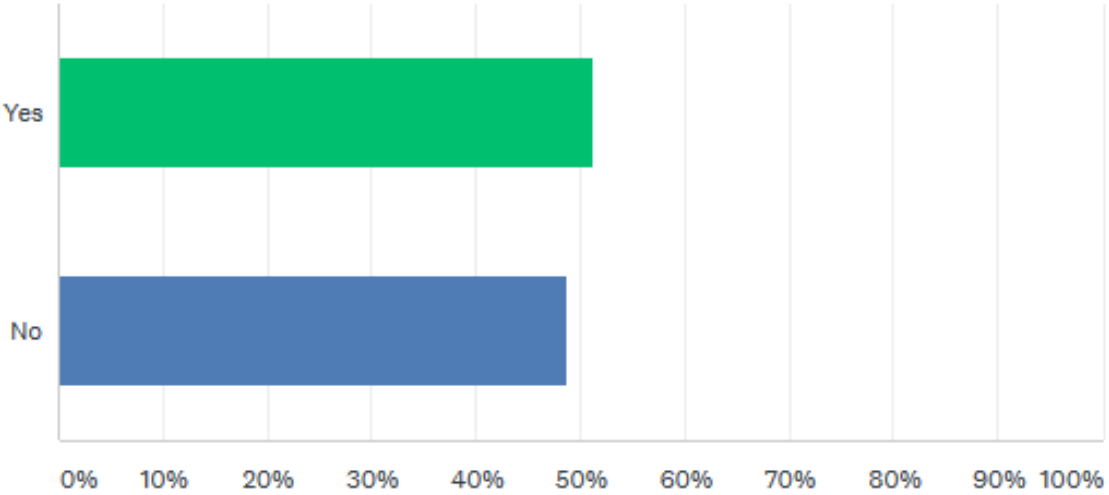
ANSWER CHOICES	RESPONSES	
Yes	60.98%	25
No	39.02%	16
TOTAL		41

2019 Survey

In 2015:
45% "Yes"

Are third party payers involved in development of CP-MIH reimbursement/funding strategies?

Answered: 41 Skipped: 2



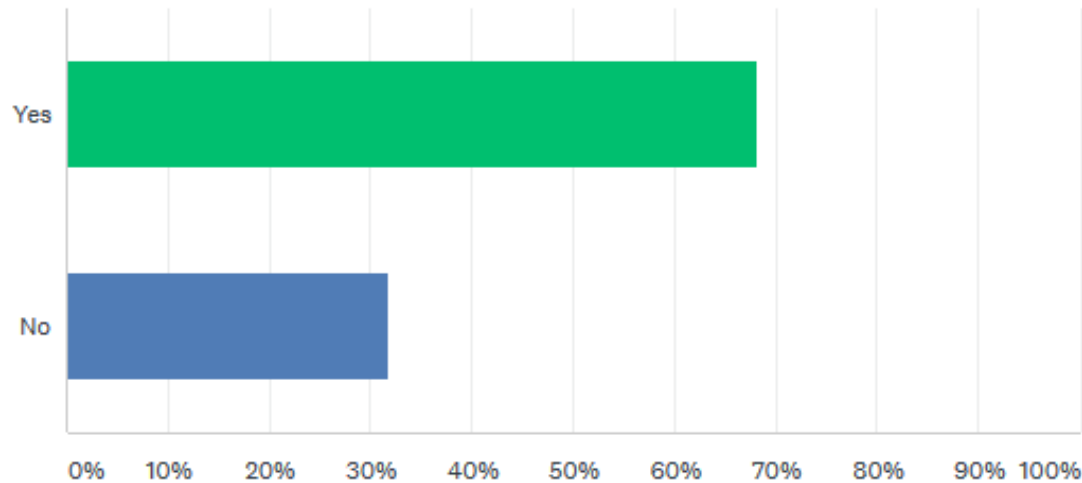
ANSWER CHOICES	RESPONSES	
Yes	51.22%	21
No	48.78%	20
TOTAL		41

2019 Survey

In 2015:
32% "Yes"

Are hospitals/health systems/accountable care organizations (ACO) involved in development of CP-MIH reimbursement strategies?

Answered: 41 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	68.29%	28
No	31.71%	13
TOTAL		41

2019 Survey

In 2015:
64% "Yes"

PART 440—SERVICES: GENERAL PROVISIONS

■ 35. **Section 440.130** is amended by revising paragraph (c) to read as follows:

§ **440.130 Diagnostic, screening, preventive, and rehabilitative services.**

* * * * *

(c) Preventive services means services **recommended** by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—

- (1) Prevent disease, disability, and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficiency.



Does your state's Medicaid program reimburse for treatment without transport on 9-1-1 calls?

14/45 (31%): All or Some

Arizona	Nevada
Colorado	North Carolina
Georgia	Oregon
Idaho	Texas
Maine	Utah
Michigan	Wisconsin
Minnesota	Wyoming

Does your state Medicaid program reimburse for community paramedicine type services?

5/45 (11%)



Arizona
Georgia
Minnesota
Nevada
Wyoming

'The Moment We've Been Waiting For': Anthem to Compensate EMS Care Without Transport

By [John Erich](#) Oct 20, 2017

[Print Version](#)



The reimbursement will be offered for HCPCS A0998-coded 9-1-1 responses in California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia and Wisconsin.

----EMSWorld. October 2017

Commercial health/medical insurance companies in your state
reimbursing for community paramedicine type services?

17/45 (38%)

California	Missouri
Colorado	Nevada
Connecticut	New Hampshire
Georgia	New York
Indiana	Ohio
Kentucky	Texas
Maine	Virginia
Michigan	Wisconsin
Minnesota	

Emergency Triage, Treat, and Transport Model

HHS UNVEILS MEDICARE 'ET3' EMERGENCY TRANSPORT PAYMENT MODEL

BY JOHN COMMINS | FEBRUARY 14, 2019



ET3 Features

- **EMS Medicare Contractor Services**

- **Treat and No Transport; and**

- **Treat and Alternative Destination**

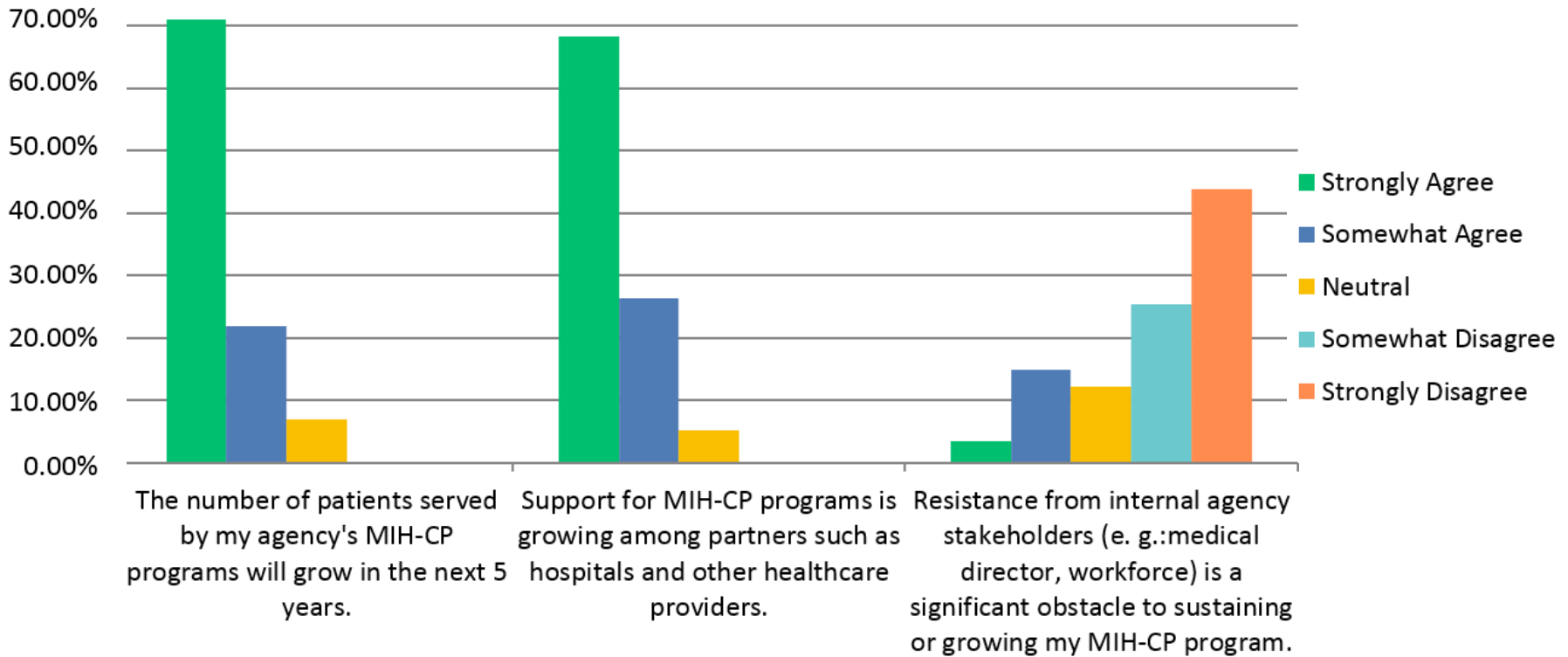
- 5 Year Pilot Program
 - Applications This Summer --- Starts January 2020
 - Rolling Applications
 - Capped at 30% of Medicare Contractor Services
 - Requires “Provider” Consultation on Scene or via Telehealth

- **Dispatch Triage Program**

- Governmental PSAP/Dispatch Agencies
 - Dispatch at Least One Pilot Participant EMS Medicare Contractor Agency

- **Issues**

- What Telehealth?
 - Wallet Biopsy Invited?
 - Savings Demonstration Methods?
 - Current CP Programs at Disadvantage?



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