

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



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November 9, 2016

Marie Zimmerman, State Medicaid Director  
Minnesota Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #16-0009      --Revising the state plan to cover services provided by a  
community emergency medical technician.

--Effective Date: January 1, 2017

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at [Sandra.Porter@cms.hhs.gov](mailto:Sandra.Porter@cms.hhs.gov).

Sincerely,

/s/

Celestine Curry  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosures

cc:     Ann Berg, MDHS  
       Sean Barrett, MDHS

Approved: 11/9/16  
Supersedes: 12- 16 (09-24, 08-16, 07-08, 06-02, 03-35, 01-21)

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5.a. Physicians' services (continued):

**Community Paramedic Services:**

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 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 nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

A community paramedic must be certified in accordance with Minnesota Statutes, section 144E.28.

**Community Emergency Medical Technician Services:**

Services provided by medical directors of ambulance services include supervision of a community emergency medical technician (CEMT). A CEMT may provide:

- A post-hospital discharge visit when ordered by a treating physician. The post-hospital discharge visit includes:
  - 1) verbal or visual reminders of discharge orders;
  - 2) recording and reporting of vital signs to the patient's primary care provider;
  - 3) confirmation of access to medications;
  - 4) confirmation of access to food; and
  - 5) identification of hazards in the home.
  
- A safety evaluation to a recipient who has repeat ambulance calls due to falls, has been discharged from a nursing home, or has been identified by the recipient's primary care provider as at risk for nursing home placement. The safety evaluation includes:
  - 1) confirmation of access to medications;
  - 2) confirmation of access to food; and
  - 3) identification of hazards in the home.

A CEMT must be certified in accordance with Minnesota Statutes, section 144E.275, subd. 7.

STATE: MINNESOTA  
Effective: January 1, 2017  
TN: 16-09  
Approved: 11/9/16  
Supersedes: NEW

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ATTACHMENT 3.1-A  
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5.a. Physicians' services (continued):

The services specified below are **not** covered services for purposes of medical assistance payment:

1. Surgery performed on the wrong patient;
2. Surgery performed on the wrong body part that is not consistent with the documented informed consent for that patient;
3. Performing the wrong surgical procedure on a patient that is not consistent with the documented informed consent for that patient; or
4. Physicians' services related to hospital-acquired conditions or treatment as defined in Attachment 4.19-A, Sections 2.0 and 12.3, for which hospital reimbursement is prohibited, if the physicians' services were provided by a physician who delivered care that contributed to or caused the adverse health care event or hospital-acquired condition.

Approved: 11/9/16

Supersedes: 12-16 (09-24, 08-16, 07-08, 06-02, 03-35, 01-21)

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5.a. Physicians' services (continued):

**Community Paramedic Services:**

Services provided by medical directors of ambulance services include supervision of a community paramedic who provides services to recipients who have received hospital emergency department services three or more times in a period of four consecutive months in the past 12 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 nursing facility. Services provided by a community paramedic are based on a care plan created by the primary care provider (a physician, physician's assistant, or a nurse practitioner) in consultation with the medical director of the ambulance service and may include health assessments, chronic disease monitoring and education, medication compliance, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. Services provided by the community paramedic under the care plan must be coordinated with care received by the recipient from other community providers in order to prevent duplication of services.

A community paramedic must be certified in accordance with Minnesota Statutes, section 144E.28.

**Community Emergency Medical Technician Services:**

Services provided by medical directors of ambulance services include supervision of a community emergency medical technician (CEMT). A CEMT may provide:

- A post-hospital discharge visit when ordered by a treating physician. The post-hospital discharge visit includes:
  - 1) verbal or visual reminders of discharge orders;
  - 2) recording and reporting of vital signs to the patient's primary care provider;
  - 3) confirmation of access to medications;
  - 4) confirmation of access to food; and
  - 5) identification of hazards in the home.
  
- A safety evaluation to a recipient who has repeat ambulance calls due to falls, has been discharged from a nursing home, or has been identified by the recipient's primary care provider as at risk for nursing home placement. The safety evaluation includes:
  - 1) confirmation of access to medications;
  - 2) confirmation of access to food; and
  - 3) identification of hazards in the home.

A CEMT must be certified in accordance with Minnesota Statutes, section 144E.275, subd. 7.

STATE: MINNESOTA  
Effective: January 1, 2017  
TN: 16-09  
Approved: 11/9/16  
Supersedes: NEW

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ATTACHMENT 3.1-B  
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5.a. Physicians' services (continued):

The services specified below are **not** covered services for purposes of medical assistance payment:

1. Surgery performed on the wrong patient;
2. Surgery performed on the wrong body part that is not consistent with the documented informed consent for that patient;
3. Performing the wrong surgical procedure on a patient that is not consistent with the documented informed consent for that patient; or
4. Physicians' services related to hospital-acquired conditions or treatment as defined in Attachment 4.19-A, Sections 2.0 and 12.3, for which hospital reimbursement is prohibited, if the physicians' services were provided by a physician who delivered care that contributed to or caused the adverse health care event or hospital-acquired condition.

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ATTACHMENT 4.19-B  
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Approved: 11/9/16

Supersedes: 13-17 (12-16, 12-07, 12-10, 11-02, 10-06, 09-25, 09-20, 08-17, 07-12, 07-08, 07-09, 07-06, 06-19)

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5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere (continued).

In-reach care coordination services shall be paid the lower of:

- Submitted charge; or
- \$9.54 per 15 minute unit

Community paramedic services shall be paid the lower of:

- Submitted charge; or
- \$15.00 per 15 minute unit

Community emergency medical technician services shall be paid the lower of:

- Submitted charge; or
- \$9.75 per 15 minute unit

Effective July 1, 2010, one one-month payment per recipient with 1-3 major chronic conditions receiving Group 1 health care home services, is the lower of:

- Submitted charge; or
- \$10.14

Effective July 1, 2010, one one-month payment per recipient with 4-6 major chronic conditions receiving Group 2 health care home services, is the lower of:

- Submitted charge; or
- \$20.27

Effective July 1, 2010, one one-month payment per recipient with 7-9 major chronic conditions receiving Group 3 health care home services is the lower of:

- Submitted charge; or
- \$40.54

Effective July 1, 2010, one one-month payment per recipient with 10 or more major chronic conditions receiving Group 4 health care home services is the lower of:

- Submitted charge; or
- \$60.81

For each of the Groups 1-4 above, the payment rates listed will be increased by 15% if either of the following apply to the recipient:

- The recipient (or caregiver of a dependent recipient) uses a primary language other than English to communicate about their