

Emergency Triage, Treat, and Transport (ET3) Model

Application Tutorial

August 8, 2019

Center for Medicare and Medicaid Innovation (CMMI)
Centers for Medicare & Medicaid Services (CMS)



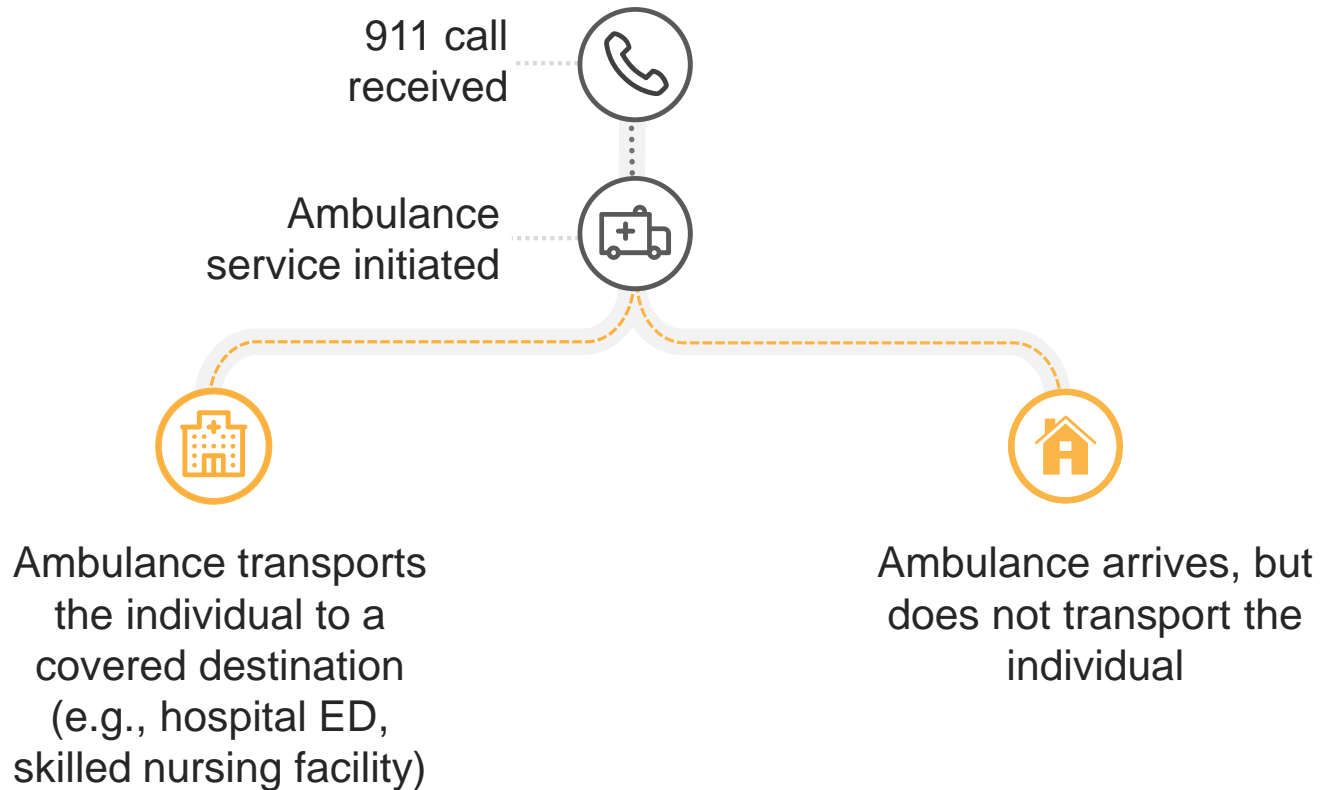
Presentation Overview

- Review of the ET3 Model
- Application Orientation
 - Eligibility
 - Proposed Model Regions
 - Applicant Governance
 - ET3 Model Intervention
 - Interoperability Plan
 - Compliance Analysis and Plan
 - Payer Strategy
 - Patient-Centered Design
 - Letters of Intent
- Q&A

Review of the Emergency Triage, Treat, and Transport (ET3) Model

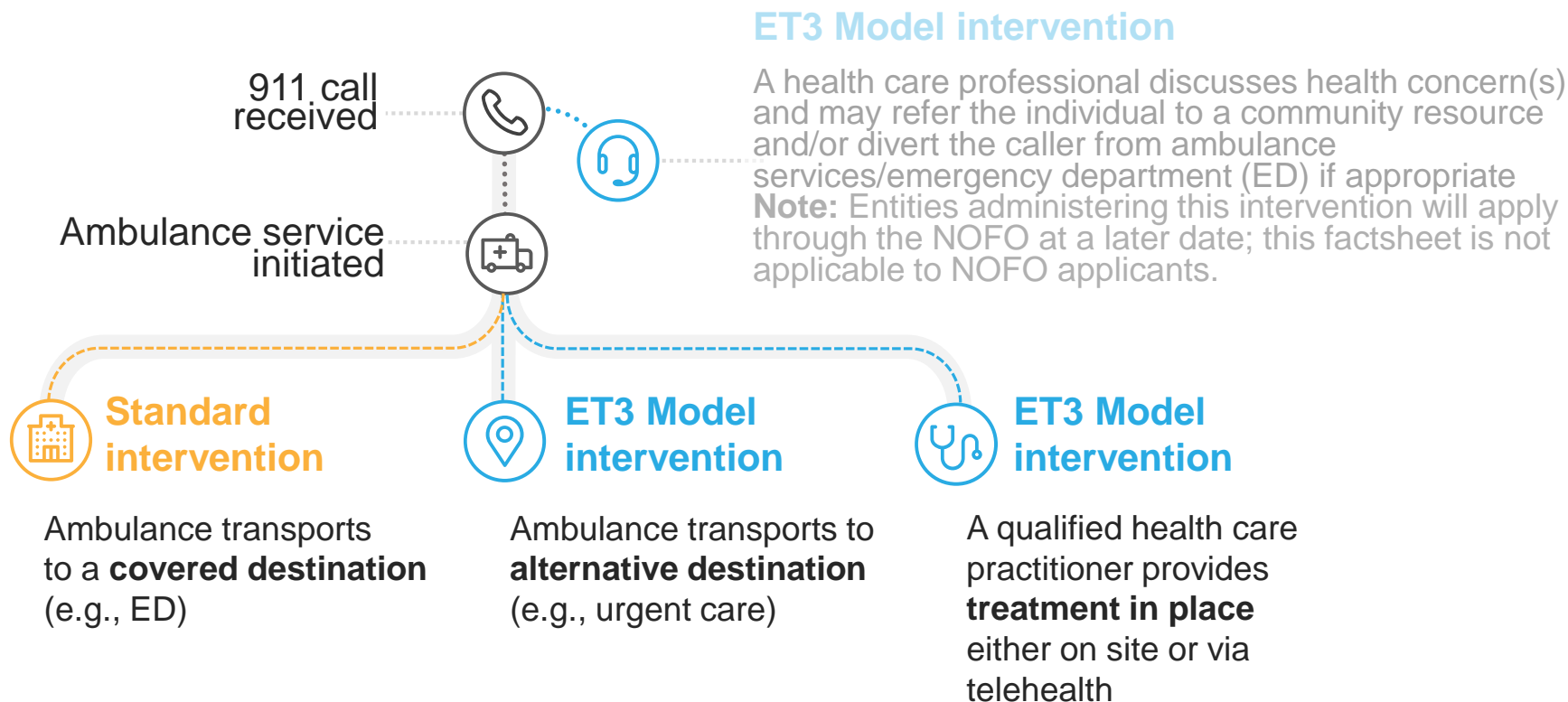
Current State

Medicare currently pays for emergency ground ambulance services only when beneficiaries are transported to a limited number of covered destinations even when a lower-acuity, lower-cost setting may more appropriately meet an individual's needs.



Re-aligning Incentives for Future State

ET3 Model interventions allow beneficiaries to get the care they need and enable ambulances to work more efficiently.



Blue = Model Services

Orange = Standard Medicare Services

ET3 Model Payment Approach

New payments available under the model will build on Medicare's existing fee-for-service structure to offer greater flexibility.

Payment for Model Interventions



Transport to Alternative Destination



Ambulance suppliers and providers paid based on level of service provided (BLS-E or ALS1-E rate)



Mileage and applicable adjustments



Treatment in Place (In-person or via Telehealth)



Ambulance suppliers and providers paid based on level of service provided (BLS-E or ALS1-E rate)



Qualified health care practitioners paid current Medicare Fee-for-Service rate.



Payment Adjustment

15% increase in rate for care provided by qualified health care practitioner between 8:00pm-8:00am

Performance-based payment adjustment for achievement on key quality measures (up to 5% upward adjustment – no sooner than year 3 of the model)

ET3 Model Participants and Partners



Medicare-Enrolled Ambulance Suppliers & Providers

will apply through the Request for Applications (RFA) to become participants in the ET3 Model. As part of the application, they will describe their chosen interventions and their partners.

Required Partners



Alternative
Destinations

Optional Partners



Treatment In Place
Providers (In-person
or via Telehealth)

Recommended Relationships



Non-Medicare
Payers



911 Dispatches*

*911 Dispatches will apply through a separate process

Key Requirements

Applicants will need to demonstrate the following to be considered for participation.



Transport to Alternative Destination. Participants will be required to implement transportation to alternative destinations.



24/7 Availability of Model Interventions. Participants will be required to ensure that transport to an alternative destination, treatment in place, or a combination of the two, is available 24/7.



Interoperability Plan. Applicants must describe an interoperability plan that demonstrates the Applicant's ability to share patient data among key partners and stakeholders.

Important Considerations

Applicants should consider the following when preparing to apply for the ET3 Model.



CMS expects to make available conditional payment and policy waivers of certain Medicare requirements for purposes of testing the ET3 Model, including to waive the telehealth originating site and geographic requirements.



Applicants must either describe a strategy for engaging other payers in their area, or explain how they would successfully implement the model for Medicare FFS beneficiaries only.



Applicants will be asked to provide information on all proposed partners and payers and should include Letters of Intent to Partner as part of the application.

Application Orientation

Note: This presentation contains select questions from the model application. Please refer to the model application for the full list of application questions.

Timeline*

May 2019 | Request for Applications (RFA) PDF Released

Early August 2019 | RFA Application Portal Open

Late September 2019 | RFA Application Portal Closes

Late 2019 | ET3 Model Participants are announced

Early 2020 | ET3 Model Go Live

*Dates are subject to change

Application Components

CMS will establish guidelines for reviewers and will prioritize applications based on the following application components:

- **Organizational Information**
- **Proposed Model Region**
- **Governance Structure and Capacity to Implement the ET3 Model**
- **Intervention Design: Alternative Destination**
- **Intervention Design: Treatment in Place (Optional)**
- **Interoperability Plan**
- **Compliance Analysis and Plan**
- **Payer Strategy**
- **Patient-Centered Design**

Application Registration

Emergency Triage, Treat, and Transport (ET3) Model Application Registration

All fields are required

First Name

Last Name

Email Address

Register

HELP DESK

Technical Issues

Please contact CMMIForceSupport@cms.hhs.gov or call 1-888-734-6433, option 5.

Program Issues

Please contact ET3Model@cms.hhs.gov

[Back to Login](#)

- 1 Open the ET3 Model website:
<https://innovation.cms.gov/initiatives/et3/>
- 2 Find the link for the application portal in the *Request for Applications* section
- 3 Create an account through the registration link

Functionality of the Portal

Understanding the following features and tips for using the application portal will assist with successfully completing an application.

Helpful Tips

- ✓ **Save often**, the portal times out after 30 minutes of inactivity
- ✓ You are able to **start and stop** the application as needed
- ✓ Fields are formatted as **numbers or letters**
- ✓ All numbers should be entered as **whole numbers**
- ✓ **Character limits** are displayed in each field
- ✓ **All fields are required**, unless noted as optional
- ✓ You are able to **skip required fields**, move through the application and come back to those fields later
- ✓ You will receive an error message if you attempt to submit the application with any **missing required fields**

Eligibility and ET3 Model Applicant Information

Applicant Eligibility

The following are some key criteria that must be met to be considered as an eligible Applicant:



Ambulance supplier or provider **currently enrolled in Medicare and in good standing.**



Currently operating in a state that meets **minimum transport thresholds**



Capacity and willingness to ensure the availability of one or more **non-ED options 24 hours per day, 7 days per week.**

Eligibility Page

The first section of the application will establish eligibility. Responses in this section determine whether an Applicant may continue with the application.

Eligibility

Note: If no is selected for any of the responses, you will be ineligible to participate in the ET3 Model.

1. Is the Applicant a Medicare-enrolled ambulance supplier or hospital-based ambulance provider?

No

Thank you for your interest in the ET3 Model. Unfortunately, the model requires that all participants be Medicare-enrolled providers or suppliers

2. The ET3 Model requires that the region that the Applicant seeks to implement the model interventions in is a region in which the Applicant is currently providing emergency ambulance services, and will continue to do so throughout the model performance period.

a. Is the Applicant currently providing emergency ambulance services in the entirety of the region in which it proposes to implement ET3 Model interventions?

No

Thank you for your interest in the ET3 Model. Unfortunately, the model requires that all participants propose a region in which they are currently providing emergency ambulance services.

b. Will the Applicant continue to provide emergency ambulance services in the entirety of the region in which it proposes to implement ET3 Model interventions?

No

Thank you for your interest in the ET3 Model. Unfortunately, the model requires that all participants propose a region in which they will continue to provide emergency ambulance services

Continue Close

▶ **Only Medicare-enrolled** ambulance suppliers or hospital-based ambulance providers are eligible to apply.

▶ **Applicants must currently provide** emergency ambulance services in the entirety of the region they propose and continue to do so throughout the model.

ET3 Model Applicant Information

All Applicants will provide their organizational information and Applicant contact information as a required part of the application.

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Letter of Intent
Certify & Submit

****Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity****

All fields are required unless marked optional.

Applicant's Organization Information

1. Legal Business Name of Applicant, as reported to the Internal Revenue Service

2. Additional Name(s) (i.e., Doing Business As/DBA Name) (Optional)

3. Correspondence Address
Street Address 1 Street Address 2 (Optional)
City State Zip Code
+4 (Optional)

4. Applicant's Organizational National Provider Identifier (NPI) Number

5. Is the Applicant a Part A, Part B, or both Part A and Part B supplier?

Applicant's CMS Certification Number (CCN), for entities enrolled in Part A

Applicant's Provider Transaction Access Number (PTAN), for entities enrolled in Part B.
Please see the PECOS FAQ for further information: <https://pecos.cms.hhs.gov/pecos/help-main/faq.jsp>

Provide Applicant's Organizational Information, if you are completing this application on behalf of the ambulance supplier or provider, your information will be required on the "Certify & Submit" page.

Provide Applicant's Organizational National Provider Identifier (NPI) Number to identify the organization to CMS.

Proposed Model Region

Model Regions

Applicants will propose a model region of counties or county equivalents and will need to consider the number of Medicare FFS emergency ambulance transports when selecting counties.

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All fields are required unless marked optional.

Proposed Model Region

Each Applicant must identify the region in which it proposes to implement the model. A model region may be comprised of a county or county-equivalent, or multiple counties or equivalent entities. In order to be eligible to participate in the ET3 Model, an Applicant must propose a model region located in a state or states where at least 15,000 Medicare FFS emergency ambulance transports occurred in the 2017 calendar year. If an Applicant proposes a region that includes more than one state, each state must be one in which at least 15,000 Medicare FFS emergency ambulance transports took place during the 2017 calendar year. Applicants should refer to the ET3 Model website [<https://innovation.cms.gov/initiatives/et3/>] where Medicare FFS emergency ambulance volumes have been posted to determine whether their region includes a county or equivalent entity that meets this requirement.

Preference will be given to Applicants who propose a model region that includes at least one county or equivalent entity in which 7,500 Medicare FFS emergency ambulance transports occurred in the 2017 calendar year. Transport totals across multiple counties or equivalent entities cannot be combined to meet the 7,500 transport threshold. Applicants should refer to the ET3 Model website [<https://innovation.cms.gov/initiatives/et3/>] where Medicare FFS emergency ambulance volumes have been posted to determine whether their proposed region includes a county or equivalent entity that meets this threshold. Applicants must propose a region in which they are currently providing emergency medical services and will continue to provide services for the duration of the model performance period.

Add Region

State	Meets 7500 Medicare FFS ambulance transport threshold	Action
No data to display		

Showing 0 to 0 of 0 entries

Continue

All states in a proposed region must have had **at least 15,000 Medicare FFS emergency ambulance transports** in 2017.

Preference will be given to applications that indicate in their application that their region includes **at least one county with 7,500 emergency ambulance transports** in 2017.

Proposed Region

Applicants can add multiple states and multiple counties. All counties that are part of the proposed region need to be included in this section.

Centers for Medicare & Medicaid Services | Add Region

All fields are required unless marked optional.

Applicants should refer to the [ET3 Model website](#) where Medicare FFS emergency ambulance volumes have been posted to determine whether their proposed region includes a county or equivalent entity that meets this threshold.

1. Please identify the state in which the Applicant will implement the ET3 Model.

CA - California

Please identify the county/counties or equivalent entity/entities in which the Applicant will implement the ET3 Model

Alpine
Amador
Butte
Calaveras
Colusa
Contra Costa
Del Norte
El Dorado
Fresno

Alameda
San Francisco

2. Did one or more counties in the proposed identified region meet the 7,500 Medicare FFS ambulance transport threshold?

Yes

Save Save & New Close

Select the state in your region. Select one state at a time if you are proposing a region spanning multiple states.

Select each county or county equivalent in that state that is included in your proposed region.

After adding all counties in one state, you may **add another state** and additional counties by selecting **“Save & New”**.

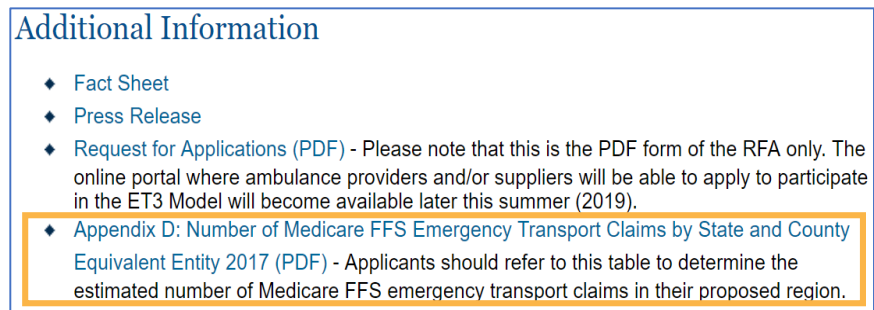
Emergency Transport Claims Data

You can find emergency transport claims data on the ET3 Model website to inform your organization's application.

- 1 **Open the ET3 Model website:**
<https://innovation.cms.gov/initiatives/et3/>.



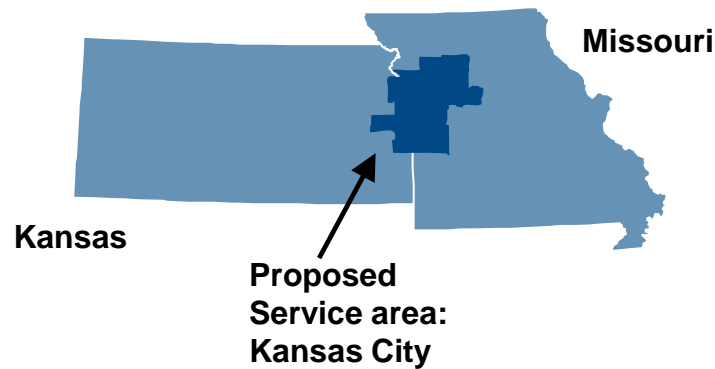
- 2 **Scroll down** to find the “Additional Information” section and select “Appendix D: Number of Medicare FFS Emergency Transport Claims by State and County Equivalent Entity 2017 (PDF).”



<https://innovation.cms.gov/Files/x/et3-ffs-emergencytrans-claims.pdf>

Regional Example

The steps below illustrate how an Applicant can confirm that a region meets the emergency transport threshold using Medicare data on the model website.



- ✓ Verify Kansas had 15,000 Medicare transports in 2017 using data on model website.
- ✓ Verify Missouri had 15,000 Medicare transports in 2017 using data on model website.
- ✓ Check if a county in the proposed service area of Kansas City had at least 7,500 Medicare transports.

Applicant Governance Structure and Capacity to Implement the ET3 Model

Governance Structure and Capacity

In this section, Applicants describe organizational mechanisms to support ET3 Model innovations and describe their current transport capacity.

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All fields are required unless marked optional.

Governance Structure and Capacity

1. Please use the following text boxes to summarize how the Applicant's governing body or other organizational mechanisms would:

a. Make and execute decisions related to the ET3 Model.

Remaining characters: 3000 (total allowed characters: 3000)

b. Develop, implement and monitor clinical protocols relevant to the ET3 Model innovations.

Remaining characters: 3000 (total allowed characters: 3000)

c. Develop and oversee compliance with federal fraud and abuse requirements.

Remaining characters: 3000 (total allowed characters: 3000)

2. Please provide the following information about your emergency ambulance services capacity:

a. Annual number of emergency ambulance transports.

b. Percentage of emergency ambulance transports per year as opposed to non-emergency transport.

c. To the extent possible, please provide an estimate of (Optional):

i. Annual number of emergency transports of Medicare FFS beneficiaries.

ii. Percentage of emergency transports for Medicare FFS beneficiaries out of all emergency transports

Explain how the **governing body** or other organizational mechanisms would: (1) make and execute **decisions** related to the ET3 Model; (2) develop, implement, and monitor **ET3 Model interventions**; and (3) develop and oversee **compliance** with all federal fraud and abuse requirements.

Describe your current unscheduled, emergency ambulance services capacity.

ET3 Model Intervention Design

Required Intervention: Alternative Destinations

All Applicants are required to implement transportation to alternative destinations and will need to describe strategies for executing this intervention safely and effectively.

The screenshot shows the 'Emergency Triage, Treat, and Transport (ET3) Model Application' interface. The title bar includes 'ET3-0094'. A left-hand navigation menu lists: Home, Organization Information, Proposed Model Region, Governance Structure and Capacity, Intervention Design, and Alternative Destination Intervention (highlighted in yellow). The main content area has a warning: '***Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity***'. Below this is the heading 'Alternative Destination Intervention' and a note: 'All fields are required unless marked optional.' A text input field is highlighted with an orange border, containing the instruction: '1. Please provide a description of the specific group or groups of Medicare FFS beneficiaries (identified by pertinent criteria, such as age range, presenting symptom or sign, key pertinent positives or negatives in past medical history or review of systems, or other criteria) that the Applicant currently transports to hospital emergency departments (EDs) and believes would be appropriate candidates for transport to alternative destinations.' Below the field is a character count: 'Remaining characters: 1500 (total allowed characters: 1500)'.

Describe **groups of beneficiaries** that may be appropriate for transport to alternative destinations.

This screenshot shows question 9: '9. At the time of this application, has the Applicant established any formal relationships with alternative destination sites?'. A dropdown menu is highlighted with an orange border, showing the option 'No'. Below the question is a text input field with the prompt: 'Please provide the estimated date (MM/DD/YYYY) for identifying and finalizing partnerships.' At the bottom of the form are three buttons: 'Save', 'Save & Continue', and 'Cancel'.

Applicants who identify that they have **formal relationships** for transport to an alternative destination will be asked to provide a **letter of intent later in the application**.

Optional Intervention: Treatment In Place

Applicants who choose to offer the treatment in place intervention must describe strategies for executing this intervention safely and effectively.

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All fields are required unless marked optional.

Treatment in Place Intervention

1. Will the Applicant be implementing the treatment in place intervention, through a) telehealth and/or b) in-person services during the model performance period?

Yes

a. Please provide an estimated date (MM/DD/YYYY) of implementation for this intervention.

b. Please provide a description of the specific group or groups of Medicare FFS beneficiaries (identified by pertinent criteria, such as age range, presenting symptom or sign, key pertinent positives or negatives in past medical history or review of systems, or other criteria) that the Applicant currently transports to hospital emergency departments (EDs) and that the Applicant believes would be appropriate candidates for treatment in place via telehealth and/or in-person services; or does not currently transport but that the Applicant believes would be appropriate for treatment in place. Please explain how this approach is aligned with ET3 Model goals of averting unnecessary emergency department transports and reducing Medicare FFS costs.

Indicate in your application **if you intend to implement treatment in place** and whether this will be in-person, via Telehealth or both.

h. Will the Applicant be implementing the treatment in place intervention in the form of in-person services, telehealth services, or both?

--Please Select One--

i. At the time of this application, has the Applicant established any formal relationships with qualified healthcare practitioners to furnish services under the treatment in place intervention?

Yes

Save Save & Continue Cancel

Applicants who identify that they have **formal relationships** for treatment in place will be asked to provide **a letter of intent later in the application.**

Interoperability Plan

Interoperability Plan

Applicants must describe an interoperability plan that demonstrates their ability to share patient data, including protected health information, among key stakeholders.

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All fields are required unless marked optional.

Interoperability Plan

Each Applicant must provide an interoperability plan that demonstrates the Applicant's ability to share patient data, including protected health information if applicable, among key stakeholders; or set out a plan to achieve this capability during the model performance period.

Will the Applicant participate in a Health Information Exchange (HIE) during the model performance period?

No

a. Does the Applicant have the ability to use Application Programming Interfaces (APIs), JavaScript Object Notation (JSON), Fast Healthcare Interoperability Resources (FHIR), or Extensible Markup Language (XML) (See Appendix A, Glossary)

No

Please provide a plan to obtain functionality of APIs, JSON, FHIR, or XML and include a timeline to do so. The plan should demonstrate an understanding of state and federal privacy laws and ensure compliance with these standards, including HIPAA privacy regulations and 42 C.F.R. Part 2. The plan should clearly identify when and how patient consent and authorization will be obtained, including written patient consent where required.

Remaining characters: 3000 (total allowed characters: 3000)

Save Save & Continue Cancel

Selecting "yes" or selecting "no" in these questions will **yield different follow up questions.**

Should you select "no" to either of the previous questions, you will be asked to **provide a plan to obtain the functionality** described.

Interoperability Functionality

Applicants that do not currently participate in a health information exchange (HIE) and/or do not have the ability to use HIE standards such as APIs, JSON, FHIR*, or XML), will be asked to provide some or all of the following information:



A plan to **participate in an HIE during the model**; or the ability to use HIE standards such as APIs, JSON, FHIR*, or XML), or a **plan to achieve this capability**



Details demonstrating an **understanding of state and federal privacy laws** and ensure compliance with these standards, including HIPAA privacy regulations and 42 C.F.R. Part 2.

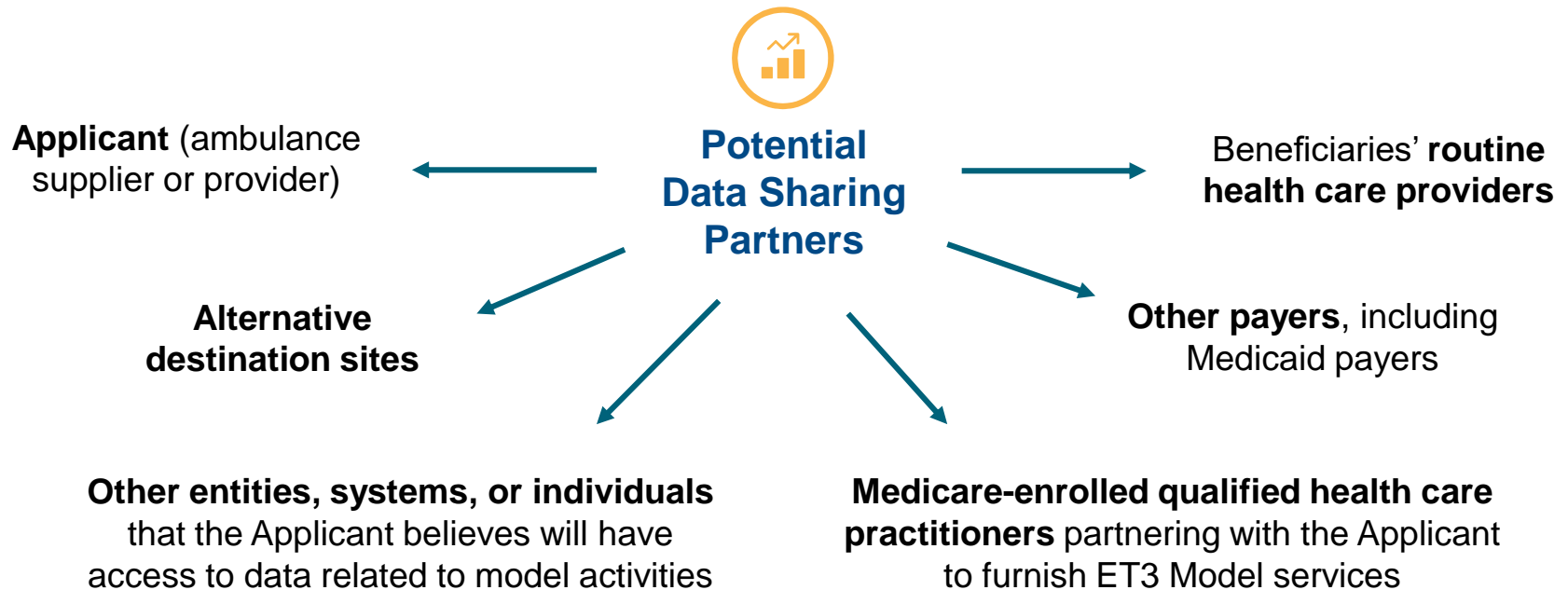


Explanation of when and how **patient consent and authorization** will be obtained, including written patient consent where required.

*HL7 Fast Health Interoperability Resources Specification (FHIR®) is a standard for health care data exchange. More information is available on [HL7's website](#).

Data Sharing Partners

An interoperability plan can include many types of potential data sharing partners.



Compliance Analysis and Plan

Compliance Analysis and Plan

The compliance plan identifies risks and strategies to avoid inappropriate utilization and to implement the interventions within the context of relevant laws, regulations, and policies.

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All fields are required unless marked optional.

Compliance Analysis and Plan

1. **Analysis of Current Compliance Risks:** Please provide an analysis of current compliance risks and readiness to implement the ET3 Model in compliance with Medicare program and payment rules and federal fraud and abuse laws. The provided risk analysis must be based on the HHS Office of the Inspector General's Compliance Program Guidance for Ambulance Suppliers [<https://oig.hhs.gov/fraud/docs/complianceguidance/032403ambulancecpgr.pdf> and <https://www.oig.hhs.gov/compliance/compliance-guidance/index.asp>], and include the following elements:

- An evaluation of current processes for developing and updating policies and procedures governing daily operations and training/education
- An assessment of the Applicant's claims submission process
- A description of the Applicant's systems reviews processes
- A description of the Applicant's screening process for new employees or new contractors

Remaining characters: 6000 (total allowed characters: 6000)

2. **ET3 Compliance Plan:** Please provide a plan to ensure compliance with federal fraud and abuse standards within the context of ET3 Model implementation. Proposed compliance plans must include the following elements of a compliance program identified in the HHS Office of Inspector General's Compliance Program Guidance for Ambulance Suppliers: [<https://oig.hhs.gov/fraud/docs/complianceguidance/032403ambulancecpgr.pdf> and <https://www.oig.hhs.gov/compliance/compliance-guidance/index.asp>]

- Development of Compliance Policies and Procedures
- Designation of a Compliance Officer
- Education and Training Program
- Internal Monitoring and Reviews
- Enforcing Disciplinary Standards Through Well-Publicized Guidelines

For each element, the Applicant should identify how implementation of the ET3 Model impacts compliance risks and how the Applicant will mitigate these risks.

Remaining characters: 6000 (total allowed characters: 6000)

3. Please provide a plan for:

- Avoiding inappropriate utilization and under-triaging of patients who are transported to alternative destinations
- Avoiding inappropriate utilization and under-triaging of patients who receive services via treatment in place (response required if you will be implementing the TIP intervention)

Describe your organization's current compliance program. Please note, CMS is not requesting copies of applicant policies.

Provide an ET3 compliance plan. Consult the OIG's voluntary [Compliance Program Guidance for Ambulance Suppliers](#).

Provide a plan for **avoiding under-triage and successfully implementing** the proposed intervention design within the context of relevant emergency medical services laws, regulations, and policies in the proposed service area.

Payer Strategy

Multi-Payer Alignment



Applicants may **engage regional payers** such as Medicaid Fee-for-Service or managed care plans, Medicare Advantage plans, commercial insurance plans, or other payers in order to set forth **a multi-payer alignment strategy**.

Rationale:

- Participants who implement model interventions across multiple payers will be in the best position to achieve ET3 Model cost and quality goals.

Requirements:

- Each Applicant **must describe its strategy for engaging other payers** in its proposed service area, or explain how it would successfully implement the model for Medicare Fee-for-Service beneficiaries only.
- The strategy **must include the proposed payers**, a timeline for implementing payment of ET3 Model EMS innovations with each payer, and a plan for identifying eligibility to receive services through the model.

Multi-Payer Strategy

Applicants can set forth a feasible multi-payer alignment strategy within the context of its proposed intervention design.

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All fields are required unless marked optional.

Payer Strategy

1. Will the Applicant implement EMS innovations similar to the ET3 Model with any payers other than Medicare FFS during the model performance period?

Yes

a. Please identify proposed payers and provide a timeline for implementing payment of EMS innovations aligned with the ET3 model in each proposed period.

Remaining characters: 3000 (total allowed characters: 3000)

b. Please provide a plan for identifying patient eligibility to receive services through the model.

Remaining characters: 3000 (total allowed characters: 3000)

c. Please provide an overview of how interventions in partnership with non-Medicare FFS payers differ from ET3 interventions.

Remaining characters: 3000 (total allowed characters: 3000)

d. Has the Applicant identified specific payers with whom it wishes to partner at the time of application?

No

Please provide the estimated date (MM/DD/YYYY) for identifying and finalizing partnerships.

Describe your **multi-payer alignment strategy**, including proposed payers, a timeline for implementing payment of ET3 innovations in each proposed payer, and a plan for identifying eligibility to receive services.

In the **Letters of Intent** section later in the application, you may provide letters of intent with names and addresses of **each payer you have engaged**.

Medicare FFS Only Payer Strategy

If an Applicant proposes to implement the model in Medicare FFS only, the Applicant should explain how it will operationalize its proposed intervention design with only the Medicare FFS population.

The screenshot shows a web application interface for the "Emergency Triage, Treat, and Transport (ET3) Model Application" (ID: ET3-0094). The left sidebar contains a navigation menu with the following items: Home, Organization Information, Proposed Model Region, Governance Structure and Capacity, Intervention Design (highlighted), Alternative Destination Intervention, Treatment in Place Intervention, Interoperability Plan, Compliance Analysis and Plan, Payer Strategy (highlighted), Patient - Centered Design, Letter of Intent, and Certify & Submit. The main content area displays a warning message: "***Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity***". Below this is the heading "Payer Strategy" and a question: "1. Will the Applicant implement EMS innovations similar to the ET3 Model with any payers other than Medicare FFS during the model performance period?". A dropdown menu is set to "No". Below the dropdown is a sub-question: "i. If the Applicant will only be implementing the model within Medicare FFS, please explain how the proposed intervention design will be operationalized, with consideration given to how Medicare FFS beneficiaries will be identified by coverage status." This sub-question is highlighted with an orange box. A large blue arrow points from this box to the right. Below the text input area is a character count: "Remaining characters: 3000 (total allowed characters: 3000)". At the bottom of the form are three buttons: "Save", "Save & Continue", and "Cancel".

Explain how you will **operationalize your proposed intervention design**. Include how you will identify Medicare FFS beneficiaries by coverage status.

Patient-Centered Design

Patient-Centered Care

Applicants will be required to describe a design for providing patient-centered care and the policies that will support delivering this care.



Participants will need to provide person-centered care, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place, while having **greater control of their healthcare** through the availability of more care options.



Applications should demonstrate their ability to engage beneficiaries and their families and/or caregivers in **shared decision-making**, taking into account **patient preferences and choices**.



Applications should describe plans for **communicating effectively** with patients and caregivers, including those with communication challenges.

Patient-Centered Design

Applicants will demonstrate how their current person-centered care policies are aligned with, or will become aligned with, the proposed ET3 intervention design.

Emergency Triage, Treat, and Transport (ET3) Model Application

ET3-0094

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 - Alternative Destination Intervention
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- Interoperability Plan
- Compliance Analysis and Plan
- Payer Strategy
- Patient - Centered Design**
- Letter of Intent
- Certify & Submit

Please be sure to save your work before navigating away from this page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity

All fields are required unless marked optional.

Patient - Centered Design

Please explain how the Applicant's current patient-centered design policies will become aligned with the proposed ET3 intervention design, including:

1. How the Applicant will engage beneficiaries and their caregivers in shared decision-making, taking into account patient preferences and choices and the provision of the Advanced Beneficiary Notice of Non-Coverage (ABN, Form CMS-R-131: <https://www.cms.gov/Medicare/Medicare-General-Information/BNII/ABN.html>) if applicable. This response should address, but not be limited to, the needs of beneficiaries and their caregivers with limited English proficiency, limited health literacy, and communication disorders or challenges.

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2. The mechanisms that the Applicant proposes to use to inform and educate patients about model interventions at the scene of an emergency ambulance response.

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Save Save & Continue Cancel

Provide a plan for **engaging** beneficiaries, families and/or caregivers with limited English proficiency, low health literacy, or other **communication challenges**.

Propose mechanisms to **inform and educate** patients about model interventions at the scene of a 911-initiated emergency ambulance response.

Letters of Intent

Letters of Intent (LOI)

To the extent that the Applicant has identified specific payers, alternative destination sites, and/or qualified health care practitioners with which it proposes to partner, the Applicant should provide copies of LOIs.

Emergency Triage, Treat, and Transport (ET3) Model Application ET3-0094

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All fields are required unless marked optional.

Letter of Intent

Payer Strategy

Please provide a letter of intent (LOI) signed by an individual with the authority to bind the proposed payer that identifies the legal name, correspondence address, and a description of each payer's capacity to align with ET3 Model.

[Add Payer Strategy LOI](#)

File Name	Action
No data to display	

Showing 0 to 0 of 0 entries Previous Next

Alternative Destination

Please supply a letter of intent (LOI) for each proposed alternative destination site. Note that the letter of intent must be signed by an individual with the authority to bind the alternative destination site entity. Please include in your agreement, but do not limit to: legal name, correspondence address, and a description of the capacity of the proposed alternative destination sites to treat Medicare FFS beneficiaries who are transported there through the ET3 Model, with consideration to full-time clinical staff available, average volume of patients, scope of medical care provided, etc.

[Add Alternative Destination LOI](#)

NPI	File Name	Action
1234567890	AD_LOI_et3pdf.pdf	Edit Delete

Showing 1 to 1 of 1 entries Previous **1** Next

Treatment in Place

Please supply a letter of intent (LOI) for each proposed qualified healthcare practitioner who will be providing treatment in place services. Note that the letter must be signed by the healthcare practitioner so as to be binding. Please include in your agreement, but do not limit to: Legal Name, Correspondence Address, and a description of the proposed practitioner's capacity to treat Medicare FFS beneficiaries via telehealth or in-person treatment in place.

[Add Treatment in Place LOI](#)

You must submit a letter of intent at the time of application if you **previously indicated in the application** that you have (1) identified **specific payer** partners; and/or (2) established **formal partnerships** with alternative destinations or treatment in place practitioners.

If you previously indicated in the application that you will not offer **treatment in place**, **buttons in this section will not be operable.**

Questions

Resources and Contact Info

Use the following resources to learn more about the ET3 Model and apply.

Model Website

<https://innovation.cms.gov/initiatives/et3>

Frequently Asked Questions

<https://innovation.cms.gov/initiatives/et3/faq.html>

Model Listserv

Subscribe to the ET3 Model
Listserv [using this link](#).

Model Team Email

Submit questions to the model team at
ET3Model@cms.hhs.gov
*Please include “application assistance”
in subject line*

Request for Applications (RFA)

[Access the online portal here.](#)