Emergency Triage, Treat, and Transport (ET3) Model

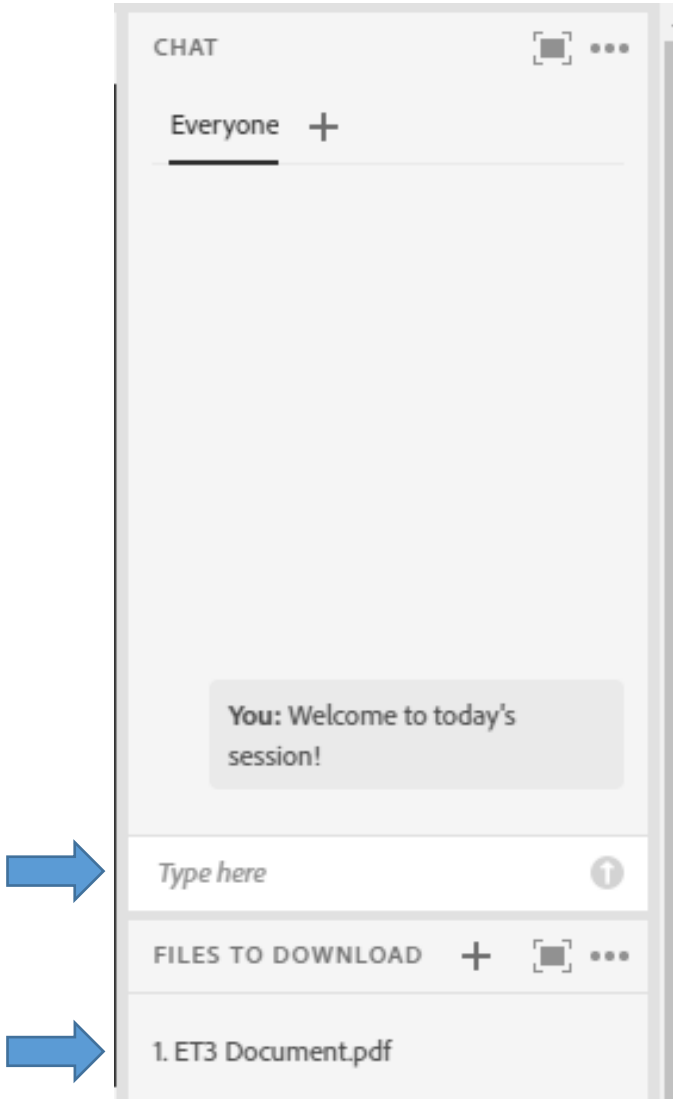
ET3 Model and Medicaid: Opportunities for Alignment

June 21, 2021

12:30 – 1:30 PM ET

Webinar Functionality

- This session is being recorded.
- Attendees are in listen-only audio mode.
- Share comments or ask questions by entering them into the **Chat Box** at any time during the presentation. Questions will be addressed during the Q&A session.
- The slides are available for download from the **Files to Download** pod.



Agenda

- Background on the ET3 Model
- Benefits of Multi-payer Alignment with ET3
- Model Participant Characteristics and Stakeholders
- Key Details re: ET3 Model Program Design
- Translating ET3 to Medicaid
- Considerations for States
- Discussion/Questions & Answers

Welcome and Overview

Today's Presenters

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ET3 Multi-Payer Lead

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CMCS Payment

Objectives

- Introduce state Medicaid agencies to Medicare's Emergency Triage, Treat, and Transport (ET3) Model construct
- Describe the benefits of multi-payer alignment for states, providers, and Medicaid beneficiaries
- Outline key considerations for state Medicaid agencies that are interested in implementing ET3-like services (Treatment in Place and/or Transport to Alternative Destinations) in their states
- For further details about Medicaid opportunities in the ET3 Model, please see the Joint Informational Bulletin dated 8/8/19, available at: https://www.medicaid.gov/federal-policy-guidance/downloads/cib080819-3.pdf

ET3 Model Background

Background

The ET3 Model is a **voluntary five-year payment model** under which Medicare will pay participating ambulance suppliers and providers to:

ET3 Model-specific

Transport a beneficiary to a **hospital emergency department** (ED) or other CMS-covered destination

Transport a beneficiary to an **alternative destination (TAD)**, such as an urgent care or medical clinic

Provide **treatment-in-place (TIP)** with a qualified practitioner, either in-person or via telehealth

All ET3 Model services must result from a 911 call, as this model **does not cover non-emergency transports**. As part of the ET3 Model, communities also had the opportunity to apply for funding to establish or expand a **medical triage line** for their 911 Public Safety Answering Point (PSAP).

Rationale for the ET3 Model

- Prior to the COVID-19 public health emergency, Medicare required that beneficiaries be transported to an emergency facility even when a lower-acuity site was more appropriate
- A study by HHS and DoT found that Medicare could save >$500M/year by transporting beneficiaries to sub-acute sites
    - Similar – and perhaps larger – savings could be achieved by Medicaid programs
- The ET3 Model builds on lessons learned from the innovative approaches of Health Care Innovation Award demonstration sites, states, and local governments

Benefits of Multi-payer Alignment

Medicaid Alignment with the ET3 Model

- While participating ambulance providers are only required to furnish ET3 Model services to Medicare fee-for-service (FFS) beneficiaries, **CMS strongly encourages them to pursue multi-payer alignment within their service regions**
- Medicaid agencies **may be approached by ambulance providers and/or ambulance professional associations** to initiate these conversations
- Medicaid agencies are also welcome to **work with CMS directly** to explore implementing ET3-like services. By aligning with the ET3 Model, state Medicaid agencies may benefit from:
  - Opportunity to **participate in ET3 Learning Activities**
  - **Inclusion of state's Medicaid provisions** in ET3 Model's overall program evaluation of cost and quality

Benefits of Multi-Payer Alignment

Patients	Ambulances	Medicaid agencies	State system
• Access to more appropriate services • Potentially faster care vs. ED • Lower out-of-pocket costs when treated in lower-acuity settings • Consistent benefits regardless of payer	• Consistent clinical protocols across patients • Consistent billing requirements across payers • Reduced compliance costs • Efficient use of resources developed for ET3 participation	• Potential cost savings • Potential quality improvements for beneficiaries • Insights from CMS Learning System • Inclusion in ET3 Model's program evaluation	• Streamlined ability to triage 911 calls regardless of payer • Overall reduction of ED crowding across health system • May simplify regulatory oversight of ambulances

ET3 Model Participant Characteristics and Stakeholders

ET3 Model Participants

- There are **184** ambulance providers and suppliers from **36 states**.
- Emergency Medical Service (EMS) operational models represent both rural and urban regions.

Private For-Profit

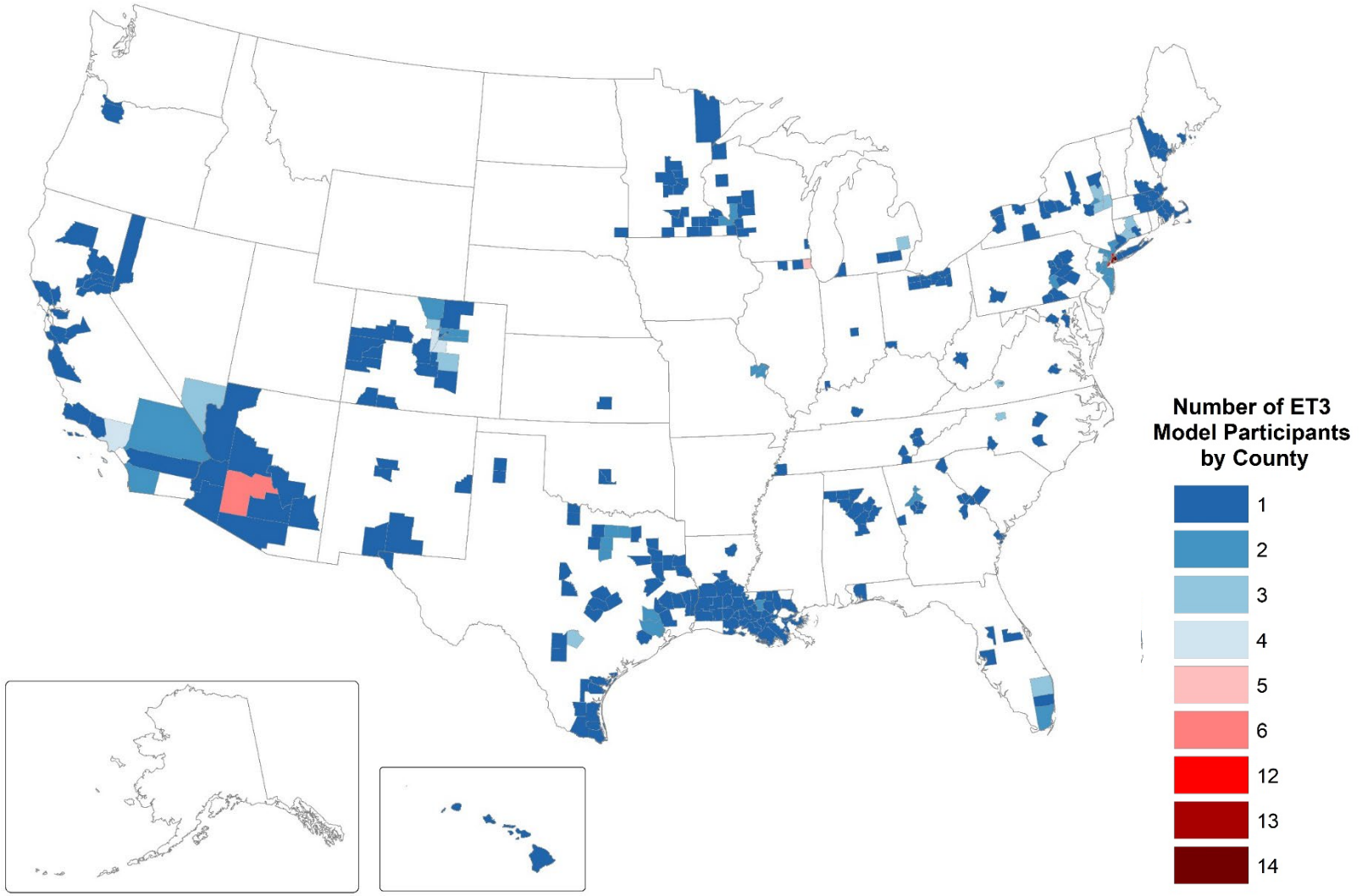
Private Not-For-Profit

Fire-Based

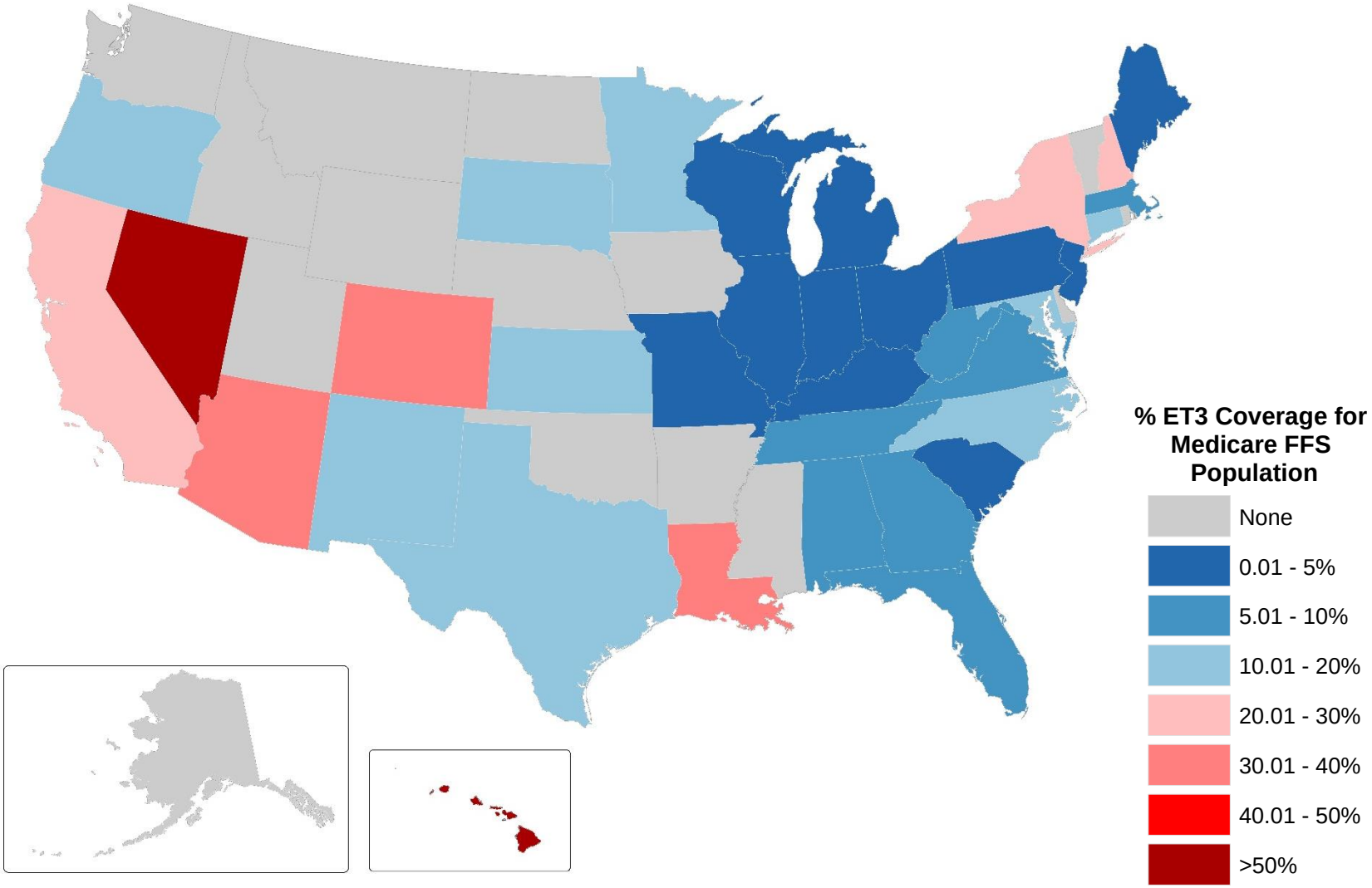
Hospital-Based

Government-Owned

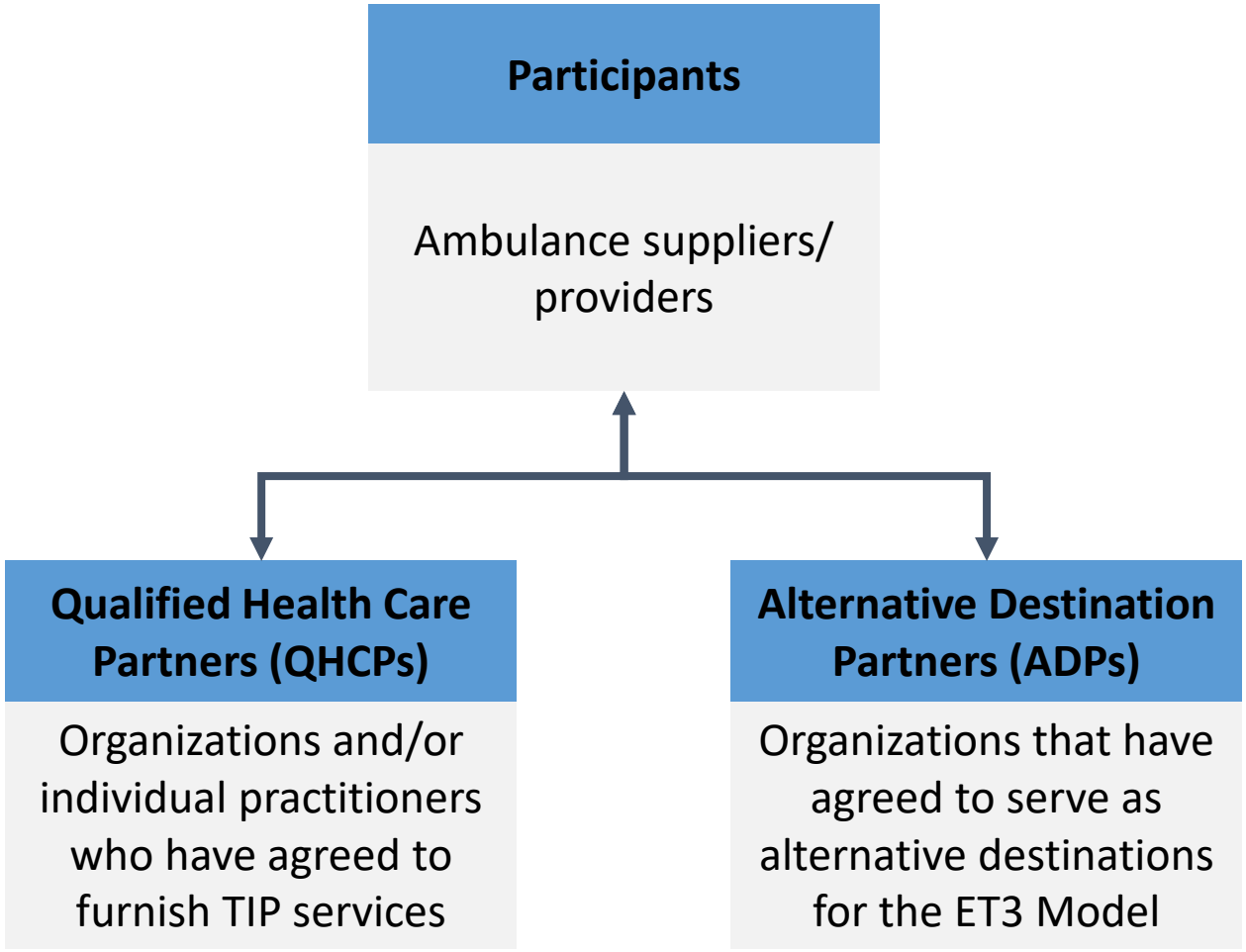
ET3 Model Participant Distribution by County



ET3 Coverage of the Medicare FFS Population



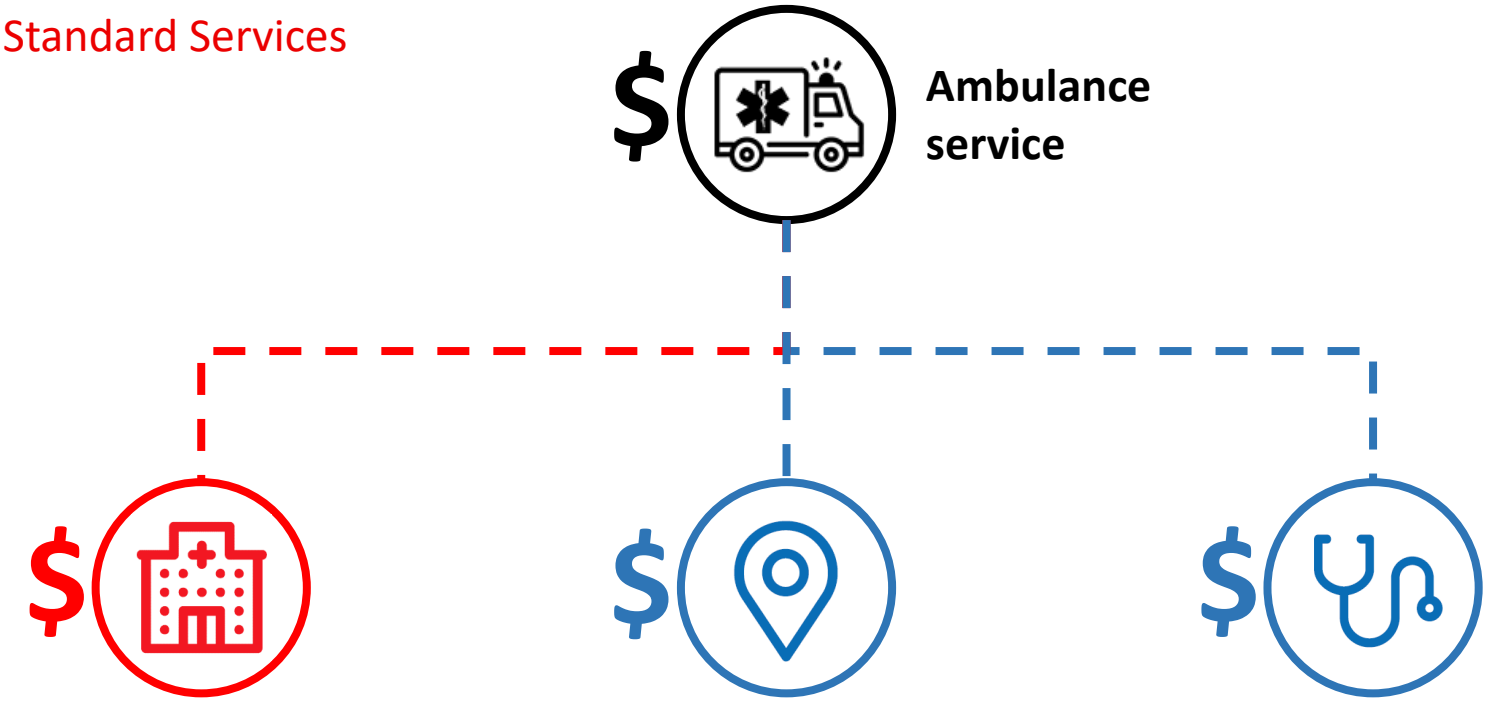
Entities Involved in the ET3 Model



Key Details re: ET3 Model Program Design

ET3 Model Payment Construct: Overview

Blue = Model Services
Red = Standard Services



Standard Intervention
Ambulance transports to a covered destination (e.g., ED)

Transport to an AD (ET3)
Ambulance transports to an Alternative Destination

Treatment in Place (ET3)
A QHCP provides TIP either in person or via telehealth

ET3 Model Payment Construct: Details

The table below describes Medicare's billing rules for ET3 Model Interventions. For both TAD and TIP, two payments are made: one to the ambulance and one to the ET3 Partner.

	Transport to Alternative Destination	Treatment in Place
AMBULANCE	• Bill for transport service at BLS-E (A0429) or ALS1-E (A0427) level • Can also bill for mileage (A0425) • Need to include relevant destination modifier: community mental health center ("C"), FQHC ("F"), physician office ("O"), or urgent care ("U")	• Bill for initiating and facilitating TIP using relevant BLS-E (A0429) or ALS1-E (A0427) code • Can NOT bill for mileage • Need to include TIP destination modifier, "W"
ET3 PARTNER	• No ET3-specific billing rules/codes • Bill as usual for Medicare-covered services rendered	• Bill new non-paying "G2021" HCPCS code to flag claim as TIP • Bill as usual for Medicare-covered services rendered • 15% rate increase for 8pm-8am

Medicare-Allowed Provider Types

- The ET3 Model waives several standard Medicare FFS rules, while maintaining requirements for allowable provider types under Medicare.
- For example, Medicare FFS only covers transports to or from **hospitals**, **skilled nursing facilities**, and **dialysis centers**. Through TAD, ET3 expands this to include **any practice site** capable of providing real-time ET3 services.
- For TIP, providers must still meet licensure requirements for Medicare:
  - All providers rendering ET3 Model Interventions must be Medicare-enrolled. **EMTs and paramedics cannot furnish TIP** in the ET3 Model, as these are not Medicare-allowed provider types.
  - For telehealth TIP, providers are generally required to meet licensure standards described in 42 CFR §410.78(b)(2). This includes **physicians, PAs, NPs, LCSWs, clinical nurse specialists, and clinical psychologists**. However, during COVID-19, all Medicare-enrolled practitioners are allowed to furnish telehealth (within state law).

Translating ET3 to Medicaid

Reimbursing ET3-like services under Medicaid

The table below describes how federal Medicaid policies affect states' ability to reimburse Transport to Alternative Destinations (TAD) or Treatment in Place (TIP). State Medicaid agencies must also consider requirements of state and local law.

Transport to Alternative Destination	Treatment in Place

• Federal Medicaid law requires that Medicaid agencies ensure necessary transportation for beneficiaries to and from providers (42 CFR §431.53), and does not limit transport destinations.
• Therefore, state Medicaid agencies have the flexibility to define their allowable destinations for emergency transport (within state and local law).
  • E.g., community mental health centers, FQHCs, urgent care centers, physician offices
	• In Medicaid, health care practitioners can be directly reimbursed for TIP:
	  • Ambulance-employed practitioners could be paid under the "services of other licensed practitioners" benefit
	  • Hospital-owned ambulances may be able to bill under the hospital benefit for certain providers
	• In contrast to ET3, the Medicaid transportation benefit does not allow ambulances to be paid directly for non-transport services.

Medicaid-Allowed Provider Types

While licensure and scope of practice is limited for Medicare, **Medicaid agencies have more flexibility** depending on their state and local law. Flexibilities that may affect Medicaid program design of ET3-like services include:

- Medicaid agencies can use 1905(a)(6) to recognize **"services of other licensed practitioners"** that are not recognized by Medicare
    - Depending on state and local law, this could include services rendered by **paramedics and EMTs**
- For telehealth TIP, Medicaid agencies can **define the licensure standards/allowable provider types for telehealth providers**, within the scope of their State Practice Act.

Considerations for States

Key Considerations for States (1/2)

States seeking to implement new Medicaid services that align with the ET3 Model should conduct a readiness assessment in partnership with the emergency services providers in their state. The following questions may help states with this assessment. However, **CMS recognizes that each state Medicaid agency's circumstances (and State Plan) are unique, and encourages states to discuss their ideas with CMS before implementation.**

- Do you need to make any changes to your existing state Medicaid regulations/ guidance documents to implement your intended ET3-like services?
- Do you need a State Plan Amendment to implement your intended program (e.g., adding paramedics to "Other Licensed Practitioners" benefit)?
- Are there existing state laws regarding ambulance services that will impact your ability to implement your intended services?
- Are there any state laws that allow or prohibit specific provider types from providing your intended services?
- If implementing TAD, are there any state laws that limit allowable destinations for ambulance transport?

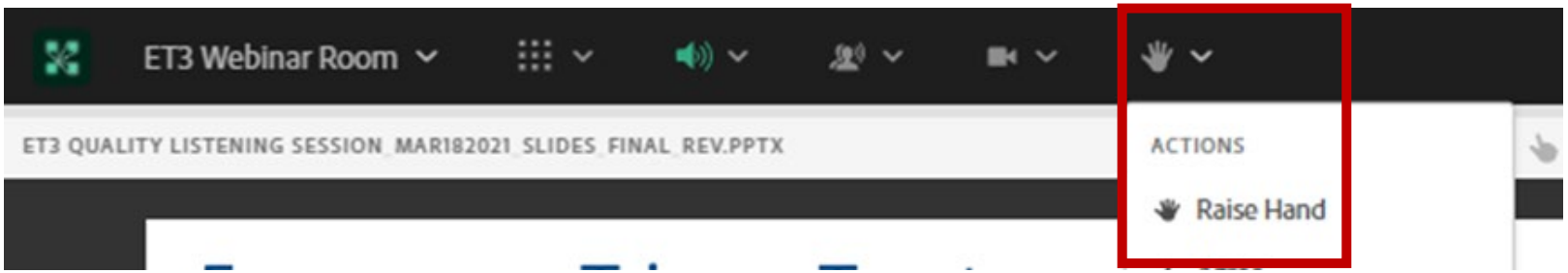
Key Considerations for States (2/2)

- What existing policies in your state already align with the ET3 Model (if any), and what new interventions (TAD, telehealth TIP, in-person TIP) are you hoping to implement?
  - If implementing TAD, what types of alternative destinations will you allow (e.g., urgent cares, mental health centers)?
  - If implementing TIP, what types of providers will be allowed to furnish services (e.g., paramedics, NPs, PAs, LCSWs)?
- What are you trying to incentivize, and how will you construct your payment mechanisms to align with that goal?
- What arrangements (if any) will you require between ambulances and alternative destinations/TIP providers?
- How will your new policies flow through to your managed care plans (if at all)?
- What billing/IT systems changes are required for new payments?
- How will you monitor performance? Program integrity?

Discussion/Questions and Answers

Q&A Instructions

- If you wish to ask a question verbally, please use the **Raise Hand feature**.
  - This is located at the top of the window, just above the slides, to the right of the video camera icon. **Click the Hand icon and then "Raise Hand."**
  - You will be unmuted when it's your turn to speak.



- You may also ask questions using the **chat feature**.

Thank You!

- Please look for materials from this webinar, including the link to the recording, to be posted on https://innovation.cms.gov/innovation-models/et3.
- You can also reach out to ET3Model@cms.hhs.gov with specific questions or to request additional resources.
- Please complete the **Post-Event Survey** (available here) so that your feedback will help inform future events. The survey will be open for two weeks after the live webinar.

Appendix: Additional Resources

- Joint Information Bulletin re: Medicaid Opportunities in the ET3 Model
- Origin and Destination Codes Specific to Ambulance Claims Factsheet
- Billing and Payment Factsheet for Ambulance Suppliers and Providers *(Available upon request)*
- Billing and Payment Factsheet for In-Person Treatment in Place *(Available upon request)*
- Billing and Payment Factsheet for Treatment in Place Telehealth Services *(Available upon request)*